

<b>Case Number:</b>	CM14-0176234		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	03/25/2008
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49 year old woman who sustained a work-related injury on March 25, 2008. Subsequently, she developed with chronic right lower extremity pain. The patient was treated with the steroid injections the right he, psychotherapy, chiropractic therapy, physical therapy and pain medications. The patient was diagnosed with major depression, and seated pain syndrome. She was treated the with Opana since at least January 2014 without documentation of significant improvement. Her physical examination demonstrated the antalgic gait and depressed mood. According to a progress report dated on August 25, 2014, the patient continued to have chronic pain syndrome with the pain severity is rated 7/10. The patient was treated with Norco without the significant improvement. The provider request authorization to use Opana.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Opana ER 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Opana is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Appropriate follow up to evaluate the efficacy of prescribed medications. ` Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear justification to continue to use Opana by 10 mg. The patient is already on high doses of opioids without significant pain and functional improvement. There is no clear documentation of the efficacy/safety of previous use of Opioid. There is no documentation of functional improvement and change in the quality of life of patient with opioid use. Therefore, the prescription of Opana ER 10mg #90 is not medically necessary.