

<b>Case Number:</b>	CM14-0023297		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	06/13/1997
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 67-year-old female with date of injury of 06/13/1997. Per treating physicians report 10/24/2013, the patient presents with chronic low back pain with radiation down to the leg, feet, shooting pain, "she lays down most of the day". She has not been able to start physical therapy due to lack of transportation. Pain is 8/10 without medications and 4/10 with medications; the patient can sit for 10 minutes, walk with cane for half a block, and stand and lift less than 5 pounds. She has no side effects from medications, does not demonstrate abusive behavior. Listed diagnoses are lumbago, degenerative lumbar disk and pain in joint, pelvic region and thigh. The request is for authorization for Opana ER 40 #60, Opana IR 10 mg #75, Cymbalta, Mobic, Gabapentin, and the patient was to start PT/OT for 2 times a week for 6 weeks. A 12/18/2013 report has the patient experiencing unbearable pain. The patient would like evaluation to assess surgical candidacy. Without medications, 10+/10 and with medications, it goes down to a 7/10. The patient is able to walk 500 feet, stand 5 minutes, sit 20 minutes, lift less than 2 pounds, will explore options to attend physical therapy. The 11/26/2013 reports states that the pain level is at 8/10 with burning pain down the leg starting in the low back, tried cutting back on breakthrough pain and it was not working. A 08/03/2013 report states "she has not showered for 3 weeks and has no desire to socialize due to poor pain control." The patient is taking Opana ER, IR, Cymbalta, and Mobic for pain control. Soma and Wellbutrin were not effective. The patient desires to return to past levels and attend HELP Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OPANA ER 40MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid Use Page(s): 88-89.

**Decision rationale:** This patient presents with chronic low back pain with lower extremity pains. The request at hand is for Opana ER 40 mg #60. A review of the multiple progress reports shows that this patient has severe pain. Furthermore, it is near impossible to determine whether or not Opana is doing anything for this patient. It is clear, however, even at the current high dose of opiates, the patient's functional level is very low. In fact, the patient complains that she does not have any pain control, no desire to socialize. The patient's pain level ranges from 8/10 to 10/10 and per 12/18/2013 report, even with medications; pain level is at 7/10. Even with all the medications, the patient is only able to sit for 10 minutes and walk half a block using a cane, stand 5 minutes, lift less than 5 pounds, etc. California MTUS Guidelines require documentation of function and pain improvement when opiates are used for chronic musculoskeletal pain. Page 78 of California MTUS require documentation of the 4As including analgesia, activities of daily living, adverse effects, adverse behavior. In this case, reading the reports, patient's analgesia is not achieved with use of Opana. Significant changes in activities of daily living are not achieved. The patient continues to be in high level of pain without much function at all. California MTUS Guidelines also discuss possibilities of hyperalgesia due to chronic opiate use. This appears to be a real possibility on this patient. Without documentation of clear pain reduction and functional gain, there is no reason to continue the use of medications. California MTUS further require documentation of outcome measures to get an idea of how the patient is responding and using the use of medications. These outcome measures include average pain, current pain, and least amount of pain over the last 30 days, time it takes for medications to work, and duration of relief with medication use. None of this information was provided. Therefore, the request is not medically necessary.

**OPANA ER 10MG #75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid Use Page(s): 88-89.

**Decision rationale:** This patient presents with chronic low back pain with lower extremity pains. The request at hand is for Opana IR 10 mg #75. A review of the multiple progress reports shows that this patient has severe pain. Furthermore, it is near impossible to determine whether or not Opana is doing anything for this patient. It is clear, however, even at the current high dose of opiates, the patient's functional level is very low. In fact, the patient complains that she does not have any pain control, no desire to socialize. The patient's pain level ranges from 8/10 to 10/10

and per 12/18/2013 report, even with medications; pain level is at 7/10. Even with all the medications, the patient is only able to sit for 10 minutes and walk half a block using a cane, stand 5 minutes, lift less than 5 pounds, etc. California MTUS Guidelines require documentation of function and pain improvement when opiates are used for chronic musculoskeletal pain. Page 78 of California MTUS require documentation of the 4As including analgesia, activities of daily living, adverse effects, adverse behavior. In this case, reading the reports, patient's analgesia is not achieved with use of Opana. Significant changes in activities of daily living are not achieved. The patient continues to be in high level of pain without much function at all. California MTUS Guidelines also discuss possibilities of hyperalgesia due to chronic opiate use. This appears to be a real possibility on this patient. Without documentation of clear pain reduction and functional gain, there is no reason to continue the use of medications. California MTUS further require documentation of outcome measures to get an idea of how the patient is responding and using the use of medications. These outcome measures include average pain, current pain, and least amount of pain over the last 30 days, time it takes for medications to work, and duration of relief with medication use. None of this information was provided. Therefore, the request is not medically necessary.