

<b>Case Number:</b>	CM14-0026611		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 is licensed to practice in Texas. 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 50 year old male who was injured on 09/02/2013 when he fell off a ladder landing on concrete. Progress note dated 08/05/2013 documented the patient with complaints of chronic right elbow pain with a pain level of 5/10. Current medications at this visit include Opana and Norco. Progress note dated 01/23/2014 documented the patient with complaints of chronic right elbow pain, chronic left ankle pain and chronic pain syndrome. The patient rates his pain as being 6/10. Objective findings reveal the patient walks with a slightly guarded gait. He has marked limitation with range of motion of the right elbow. There is also some myofascial changes present in the right shoulder. Diagnoses are pain in joint of forearm, closed fracture unspecified bone foot, and closed fracture unspecified part humerus. Recommendations: The patient is awaiting for left foot surgery to be scheduled. Currents medications include Opana and Norco. The patient will discontinue the Opana. He may need additional Norco at first to adjust to the discontinuation of the Opana. The Utilization report dated indicated that there is a request for Opana PR 10 mg #90 and another request for hydrocodone 10/325 mg #130. Both were recommended uncertified. The rationale is in regards to Opana, the guidelines indicate this medication is not intended for as needed use. The provider indicated within the progress reports that this medication is prescribed for as needed use. Additionally, the provider indicated with the most recent note that this medication should be discontinued. Therefore, it is not certified. Regarding hydrocodone, the patient has been provided this medication since at least 02/2013. There does not appear to be any overall improvement in function or pain levels according to the medical report. Therefore, weaning is recommended and the drug is partially certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OPANA ER 10 MG. # 90:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

**Decision rationale:** As per the CA MTUS guidelines, Oxymorphone (Opana) as an Opioid can be used as a potent analgesic for chronic pain management. The available medical records indicate that the patient has been prescribed this drug since at least 8/5/2013. There is no documented improvement in function and daily activities or pain relief to consider the continuation of this medication, since the guidelines indicates the following to be monitored; "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". Furthermore, the PR2 dated 1/23/2014 recommends the discontinuation of this medication. Therefore, the medical necessity of Opana ER 10mg #90 has not been established according to the guidelines.

**THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF HYDROCODONE 10/325 MG. # 130:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

**Decision rationale:** According to CA MTUS guidelines, Hydrocodone as a short acting opioid is seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The available medical records indicate that the patient has been prescribed this drug as "Norco" since at least 8/5/2013. There is no documented improvement in function and daily activities or pain relief to consider the continuation of this medication, since the guidelines indicates the following to be monitored; "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". Moreover, the 8/5/2013 PR2 addresses the pain rate as 5.5/10, while the most recent 1/23/2014 PR2 rates the pain as 6/10 indicating no significant pain relief. Therefore, the medical necessity of the requested Hydrocodone 10/325 #130 has not been established.