

<b>Case Number:</b>	CM14-0030069		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/28/1999
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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:

The patient is a 53-year-old male with a date of injury of 01/28/1999. The listed diagnoses per [REDACTED] dated 02/19/2014 are: 1. Radiculopathy, thoracic or lumbosacral. 2. Dysthymic disorder. 3. Osteoporosis. 4. Hypotestosteronemia. 5. Hypertension, benign. 6. Chronic pain syndrome. 7. Unspecified essential hypertension. 8. Long term current use of other medications. 9. Esophagitis. 10. Degeneration of lumbosacral intervertebral disk. 11. Lesion of ulnar nerve. 12. Obesity morbid. 13. Hyperlipidemia. 14. Fracture of vertebral column without mention of SP. 15. Chronic pain due to trauma. 16. Diabetes mellitus without mention of complication. 17. Low back pain. 18. GERD. 19. Abnormality of gait. According to the progress report, the patient presents with moderate to severe back pain. The location of pain was in the lower back, left flank, right flank, legs, and thighs. Pain has radiated to the back, left ankle, right ankle, left calf, right calf, left foot, right foot, left thigh, and right thigh. The patient describes the pain as ache, deep, discomforting, dull, localized, piercing, sharp, shooting, stabbing, and throbbing. The patient rates his pain at its worst 10/10 and average is a 6/10. The objective findings show the patient is well-developed. No motor weaknesses noted. Fine motor skills are normal. Coordination is intact. The utilization review denied the request on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Prospective Request For One Prescription Of Opana 10 MG Quantity 120: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** This patient presents with multiple areas of pain. The treating physician is requesting a refill for Opana 10 mg quantity is #120. For chronic opiate use, the California Medical Treatment Utilization Schedule (MTUS) Guidelines require specific documentations regarding pain and function. Page 78 of the MTUS Guidelines requires "pain assessment" that request current pain; the least reported pain over a period since last assessments; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, "the 4As for ongoing monitoring" are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. The medical records from 08/29/2013 to 02/19/2014 reveal that the patient has been taking Opana since 08/29/2013. The urine drug screen dated 12/31/2013 shows results within normal limits. The progress report dated 02/19/2014 notes that the patient's pain level without medication is 9/10, and with medication, it is 5/10. His quality of life scale administered which shows a measurement of function for people with pain shows that with medications, the patient is able to get out of bed but does not get distress and stays at home all day. The treating documents medication efficacy stating that, "he reports good pain relief with the medications as prescribed. His latest labs are reviewed, as well as his latest urine drug screen (UDS) which shows positive for tramadol metabolites; he reports getting tramadol for his occasional migraine headaches, and we were not even aware of this until now." The UDS referenced by the treating was not made available for review. In this case, the treating physician appears to provide adequate documentation regarding the patient's chronic opiate use with pain scale, functional measures and appropriate monitoring. Treatment is medically necessary and appropriate.