

<b>Case Number:</b>	CM14-0040420		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 59-year-old male who was injured on 3/19/2003. The diagnoses are low back pain, muscle spasm and post lumbar laminectomy syndrome. There are associated diagnoses of mood disorder, depression, anxiety, insomnia and daytime somnolence. On 1/31/2014, there was a subjective complaint of low back pain radiating to the lower extremities with associated muscle spasm. The thoracic wall pain was radiating around the abdominal and chest walls. The patient was utilizing a motorized scooter. The pain score was 8/10 on a scale of 0 to 10. On 2/17/2014, ██████████ noted complaints of poor sleep quality. There was objective findings of decreased sensation and motor power of the left lower extremity. The past surgery history is significant for multiple surgeries of the cervical and lumbar spines. The medications are Opana, Dilaudid, and Celebrex for pain, Ambien for sleep, Wellbutrin and Cymbalta for depression, Zanaflex for muscle spasm, Amitiza and Miralax for constipation and Nuvigil for daytime somnolence. A Utilization Review determination was rendered on 2/26/2014 recommending non-certification for Opana ER 40mg #120 30 days' supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER tab 40mg Quantity: 120 Days supply: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 74-96, 124.

**Decision rationale:** The California MTUS addressed the indications for the weaning and discontinuation of chronic opioid treatment. Long-term administration of high dose opioids may lead to tolerance, addiction, opioid induced hyperalgesia and adverse interactions with other sedatives. The records indicate that the patient have significant signs of opioid induced complications. There is daytime somnolence, constipation and hypogonadism that required treatment with other medications. There is persistent high pain scores and inability to improve ADL, which are indicative of opioid induced hyperalgesia. The patient is utilizing many non-opioid sedatives that may be contributing to the daytime somnolence. The criteria for continued chronic treatment with Opana ER 40mg #120 for 30 days supply were not met. The MTUS guidelines recommend the involvements of multidisciplinary chronic pain program or psychiatric addiction specialists for safe weaning of high dose opioid medications. Therefore, the request is not medically necessary.