

<b>Case Number:</b>	CM14-0044946		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2014

### 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 Orthopedic Surgery, 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 injured worker is a 40 year old female who sustained an injury on 10/19/09. The injured worker has been followed for chronic neck pain secondary to prior surgical interventions with failed fusion syndrome. The injured worker has been provided multiple medications including opana for pain. Other medications have included Ambien, cyclobenzaprine, and omeprazole. As of 03/24/14 the injured worker continued to report severe neck pain radiating to the upper extremities at 7/10 on average. The injured worker reported moderate relief with Opana ER 40mg three times a day and Opana 10mg up to 4 times per day. The physical exam noted minimal findings. The requested Opana and Opana ER was denied on 04/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana 10 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Opana 10mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin

provided for review and current evidence based guideline recommendations. The injured worker is taking an excessive amount of narcotic medication with a daily MED at 480mg/day which far exceeds the current guideline recommendations for limiting narcotic usage to no more than 100mg MED per day. The clinical documentation provided for review did not specify the extent of functional improvement or pain reduction obtained with this medication to support its ongoing use as recommended by current evidence based guidelines. Furthermore, there were no updated compliance measures to include urine drug screen and risk assessments which would be indicated for the amount of narcotics being prescribed to the injured worker. As such, this reviewer would not recommend this request as medically necessary.

**Opana 40 mg ER #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Opana ER 20mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker is taking an excessive amount of narcotic medication with a daily MED at 480mg/day which far exceeds the current guideline recommendations for limiting narcotic usage to no more than 100mg MED per day. The clinical documentation provided for review did not specify the extent of functional improvement or pain reduction obtained with this medication to support its ongoing use as recommended by current evidence based guidelines. Furthermore, there were no updated compliance measures to include urine drug screen and risk assessments which would be indicated for the amount of narcotics being prescribed to the injured worker. As such, this reviewer would not recommend this request as medically necessary.