

<b>Case Number:</b>	CM14-0047102		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/13/2001
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 and Pain Medicine, and is licensed to practice in 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 injured worker is a 66-year-old female who reported an injury on 8/13/01. The mechanism of injury was not provided in the medical records. Her diagnosis is cervical post laminectomy syndrome. Her previous treatments include medications, and surgery. Per the clinical note dated 3/7/14, the injured worker presented with neck and bilateral upper extremity pain, numbness in both hands and increased neuropathic pain in her left biceps. She rated her pain at a 6-8/10 without medications and with medications the pain was reduced 50% of which allowed her to perform her activities of daily living. The injured workers medications included Percocet, gabapentin, cyclobenzaprine, and Opana. On physical examination, the physician reported the injured worker was in mild distress. She had minimal cervical range of motion in all directions. The physician reported the patient had been previously taken Percocet, but was switched to Opana. Within the most recent clinical note dated 4/4/14, the injured worker had complaints of neck and bilateral upper extremity pain with numbness in both hands. The injured worker reported she had been using Opana 5 mg, 4 times daily as needed, but became occasionally nauseous at times, and she wished to try a trial of the branded name. The treatment plan was for a recommendation for the injured worker to begin taking Opana IR 5 mg 3 times a day as needed/branded and to continue her other medications as prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana IR 5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-83.

**Decision rationale:** The California MTUS guidelines state the ongoing management of a patient who is taking opioid medications should be included routine office visits and detailed documentation of the extent of pain relief, functional status in regard to the activities of daily living, appropriate medication use and/or aberrant drug taking behaviors and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief and how long the pain relief lasts. Opioids for osteoarthritis are not recommended as a first line therapy for osteoarthritis. They are recommended on a trial basis for short term use after there has been evidence of failure or first line non-pharmacological and medication options, such as acetaminophen or NSAIDS and whether there is evidence of moderate to severe pain. Stronger opioids only are recommended for treatment of severe pain under exceptional circumstances (oxymorphone, oxycodone, hydromorphone, fentanyl, and morphine sulfates). The guidelines also indicate they are in understudy for long term use. The clinical documentation provided indicated the patient had a 50% reduction of pain with use of the medications. The physician reported the injured worker had used Opana 5 mg, 4 times daily as needed and became occasionally nauseous at times. There was no documentation to indicate if the patient had aberrant drug taking behavior, and there was no recent urine drug screen provided to show consistent results to verify appropriate medication use. Therefore, despite evidence of decreased pain and increased function with use of opioids, in the absence of documentation to indicate if the patient had aberrant drug taking behavior and consistence results on a urine drug screen to verify compliance, the criteria for ongoing use of opioid medication has not been met. The request as submitted failed to provide the frequency and quantity of the medication. As such, the request is not medically necessary.