

<b>Case Number:</b>	CM14-0050469		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/11/2008
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 prospective request for 1 prescription of Opana ER 30 mg quantity 60 is non-certified. The injured worker complained of low back pain. The treating physician's rationale for Opana ER is for the treatment of pain. The CA MTUS guidelines recognize Opana (Oxymorphone) as an opioid. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of Opana ER, as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Opana ER 30 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 93, Opioids, dosing, page 86, and Opioids, criteria for use, page 78  
Page(s): 93, 86, 78.

**Decision rationale:** The prospective request for one prescription of Opana ER 30 mg quantity 60 is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for Opana ER is for the treatment of pain. The California MTUS guidelines recognize Opana (Oxymorphone) as an opioid. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is not enough clinical information provided documenting the efficacy of Opana ER, as evidenced by decreased pain and significant objective functional improvements. Moreover, there is not enough documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.