

<b>Case Number:</b>	CM14-0053987		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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. 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 60 year old male who had a work related injury on 07/16/08. No documentation of the mechanism of injury The injured worker was working as a real estate assistant. An MRI on 08/07/08 revealed complex tearing of the posterior horn of the medial meniscus and medial subluxation of the medial meniscal tissue and posterior cruciate ligament tear, and some medial compartment degenerative changes. Arthroscopic surgery consisting of partial medial and lateral meniscectomies on his right knee occurred in September of 2008, which resulted in temporary improvement until July of 2009. Pain at that time became increasingly worse. Referral to a physical therapist was made but only 3 sessions could be tolerated due to the severity of pain. The injured worker had intermittent swelling and inability to flex the knee even to 90 degrees. Pain was noted to be constant, continuous, and severe. Pain responded to oral narcotics and anti-inflammatory drugs despite causing significant gastrointestinal upset. The injured worker has also undergone psychotherapy sessions. The most recent progress note submitted for review is dated 06/04/14 the injured worker followed up for right knee and low back pain The injured worker states he did trial using less Norco as we did reduce the monthly amount to #75. The injured worker did try to use 2.5 tablets daily but states this is very difficult. The injured worker does continue to attend his individual psychotherapy sessions. Due to increased pain and anxiety, he had to miss some sessions but usually goes at least every 2 weeks. He does note transient suicidal ideations but denies any intent or plan. The injured worker does have home health assistance. Physical examination the injured worker ambulates with a 4 point cane. The injured worker is anxious. The injured worker wears a soft right knee brace. Diagnoses status post left knee arthroscopy. Pain in the joint lower leg. Long term use of medication. Therapeutic drug monitoring. Prior utilization review on 03/24/14 was modified for weaning. The injured worker's morphine dose equivalent (MED) is 520. and visual analog pain scale

(VAS) scores were 10+/10 without medication and 4-5/10 with medication. No documentation of functional improvement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OPANA ER 40 MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids.

**Decision rationale:** The request for Opana ER 40 MG, #90 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. The injured worker's morphine dose equivalent (MED) is 520. His visual analog scale (VAS) scores were 10+/10 without medication and 4-5/10 with medication. No documentation of functional improvement. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. As such medical necessity has not been established.