MAXIMUS Federal Services

| Case Number: | CM14-0071213 | | |
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| Date Assigned: | 07/21/2014 | Date of Injury: | 07/05/2011 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 05/05/2014 |
| Priority: | Standard | Application Received: | 05/16/2014 |

## 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 and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at last 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 29 year old male who was injured on 07/15/2011 while he was using a tire changing machine and the tire was thrown up into his chest and injured his low back and his chest wall. Prior treatment history has included Physical Therapy, Celebrex, Opana ER, Docusate Sodium, Voltaren, Medrol Dosepak, and Tramadol. Office visit dated 04/11/2014 states the patient presented with complaints of shoulder and low back pain and is not controlled with the Opana only. He stated he is unable to obtain Celebrex as this has helped with the pain in the past. On exam, no abnormalities were documented. He is diagnosed with shoulder joint pain, lumbar region sprain/strain; and chest pain. He was given Opana, Docusate, and Celebrex.Prior utilization review dated 05/02/2014 by [redacted] states the request for Opana ER 10mg #120 is denied as it is documented that the patient did not receive much relief with this medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, (therapeutic trial of opioids).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Prior utilization review dated 05/02/2014 by [redacted] states the request for Opana ER 10mg #120 is denied as it is documented that the patient did not receive much relief with this medication. Given these reasons, the medical necessity of Opana ER has not been established. Weaning is advised to avoid withdrawal symptoms.