

<b>Case Number:</b>	CM14-0076313		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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 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:

According to the records made available for review, this is a 41-year-old male with a 8/4/10 date of injury, status post cervical fusion C2-C7 September 2005, status post right total hip arthroplasty 10/11/11, and status post left total hip arthroplasty 10/23/12. At the time (5/1/14) of request for authorization for Opana ER 5mg QTY: 30 and Norco 10/325mg QTY: 75, there is documentation of subjective findings of low back pain, right shoulder pain, and bilateral hip pain with more pain of left leg, hip radiating to lower back and objective findings of antalgic gait, cervical spine range of motion restricted, paravertebral muscles, spasm, tenderness and tight muscle band noted on both sides, tenderness at paracervical muscles and trapezius, loss of normal lumbar lordosis, restricted lumbar range of motion, lumbar facet loading positive bilaterally, straight leg raising test positive bilaterally, right shoulder movements restricted with pain, positive Hawkins and Neers test, tenderness to palpation over lateral epicondyle findings, restricted range of motion of bilateral hips, and positive FABER test and FADIR rest bilaterally. The current diagnoses are cervical radiculopathy, post cervical laminectomy syndrome, lumbar facet syndrome, low back pain, shoulder pain, and elbow pain. The treatment to date is medications including ongoing treatment with Norco with reports that Norco was very helpful and allowed patient to resume exercise on treadmill and Kadian (failed). The 4/18/14 medical report identifies documentation of a discussion with patient regarding opioid medications including risks, benefits, rules and regulations. There is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 5mg QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Opana as second line therapy for long acting opioids. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, post cervical laminectomy syndrome, lumbar facet syndrome, low back pain, shoulder pain, and elbow pain. In addition, there is documentation of a plan to trial Opana. Furthermore, given documentation of failure of Kadian, there is documentation of Opana used as second line therapy for long acting opioids. However, despite documentation of a discussion with patient regarding opioid medications including risks, benefits, rules and regulations, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Opana ER 5mg QTY: 30 is not medically necessary.

**Norco 10/325mg QTY: 75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any

treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, post cervical laminectomy syndrome, lumbar facet syndrome, low back pain, shoulder pain, and elbow pain. In addition, given documentation that Norco was very helpful and allowed patient to resume exercise on treadmill, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. However, despite documentation of a discussion with patient regarding opioid medications including risks, benefits, rules and regulations, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg QTY: 75 is not medically necessary.