

<b>Case Number:</b>	CM14-0097815		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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:

The injured worker is a 60 year old male who had a work related injury on 07/16/2008. While getting out of an elevator carrying the mail, he tripped and fell landing on both of his knees and right elbow. He had right knee arthroscopy on 09/15/08, right knee cortisone injection on 08/28/13 and 6 cognitive behavioral therapy visits and medication management. Most recent documentation submitted for review is dated 05/07/14. The injured worker was complaining of back and knee pain. He stated that the individual psychotherapy sessions were helpful, but he is not always able to make it due to pain. He has had one session of physical therapy. His pain was exacerbated for several weeks. He has not returned since then. He noted suicidal ideation at times, denied intent or plan. He states that he almost fell getting out of the bathtub. He does not have home health care. Pain without medication is 10+/10 and with medications 4-5/10. Medications allow him to function. He is able to do a sit and be fit program. Physical examination notes he is a moderately obese male. There is an antalgic gait and he utilizes a single and a four point cane. Current medications are Lactulose, Cyclobenzaprine, Opana ER 40mg every 8 hours, Norco 10/325mg, Gabapentin 600mg tablets, Omeprazole, Cymbalta. His morphine equivalent dosage on 40mg of Opana three times a day is 360. Prior utilization reviews in the past and on 06/12/14 was modified to initiate weaning. In review of the medical records, there has been no note of return to work or functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 40mg # 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 86, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid's.

**Decision rationale:** 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. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications and the patient has not been able to return to work. Morphine equivalent dosage is 360. Prior utilization reviews in the past and on 06/12/14 was modified to initiate weaning. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms and medications should only be changed by the prescribing physician.