

<b>Case Number:</b>	CM14-0119588		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 sustained an industrial injury on March 10, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having thoracic strain and sprain, thoracic radiculopathy, costovertebral osteoarthritis, cervical mechanical pain, shoulder sprain and strain, shoulder capsulitis, chronic pain and low back pain. Treatment to date has included oral medications and topical cream. On January 15, 2014, records indicate that the injured worker's medication regimen included Opana. On July 24, 2014, the injured worker complained of ongoing pain along the left side of his neck and shoulder, pain in the left rib cage area, left elbow and persisting back pain. He stated that his medications were keeping him functional. He reported 50% reduction in his pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. On the day of the exam, his pain was rated an 8 on a 1-10 pain scale. With medications, his pain is rated a 5 on the pain scale and without them the pain is rated a 10 on the pain scale. The treatment plan included Opana, Norco, Flexeril, Savala, Topamax, Mobic, Senokot, Colace, Ambien and a follow-up visit. On July 18, 2014, utilization review denied a request for Opana ER 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER (Oxymorphone HCL) 10mg, Quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Oxymorphone (Opana).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains 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. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of Opana ER or sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted that the injured worker reported 50% reduction in his pain and 50% functional improvement with activities of daily living with the medication versus not taking them at all. However, no specific objective measures were documented. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.