

<b>Case Number:</b>	CM14-0196334		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	02/17/2000
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 57-year-old gentleman with a date of injury of 02/17/2000. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/21/2014 and 10/16/2014 indicated the worker was experiencing lower back pain, lower leg and feet pain with intermittent numbness and tingling, associated muscle spasms, problems sleeping, sexual dysfunction, problems with urinating, limb weakness, and depressed mood. Documented examinations consistently described tenderness in the lower back with associated trigger points, tenderness in the lower facet joints on both sides, and decreased motion in the lower back joints. The submitted and reviewed documentation concluded the worker was suffering from myofascial pain syndrome, lumbar spondylosis, lumbar radiculopathy, and lumbar post-laminectomy syndrome. Treatment recommendations included oral pain medications with a decrease in the daily dose, trigger point injections, facet block, follow-up care, and urinary drug screen testing at the next visit. A Utilization Review decision was rendered on 01/01/2014 recommending a partial certification for forty tablets of Oxymorphone 5mg for the purpose of weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxymorphone 5mg TID ER #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Oxymorphone is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation concluded the worker was suffering from myofascial pain syndrome, lumbar spondylosis, lumbar radiculopathy, and lumbar post-laminectomy syndrome. Most of the pain assessment elements recommended by the Guidelines were documented in the reviewed records demonstrating significant benefit from the use of this medication that outweighed the negative effects, active monitoring for aberrant behaviors and an attempted wean to maintain the lowest dose necessary for benefit. In light of this supportive evidence, the current request for ninety tablets of Oxymorphone 5mg to be taken three times daily is medically necessary.