

<b>Case Number:</b>	CM14-0205075		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/28/2006
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 63 year-old female who was injured on 8/28/06. She complained of back pain, right leg pain below the knee, bilateral buttocks pain, and radicular toe pain. On exam, she had bilateral lumbar tenderness and positive straight leg raise bilaterally. She was diagnosed with chronic pain syndrome, lumbago, depressive disorder, obesity, lumbosacral neuritis, lumbar disc disease with myelopathy, backache, sprain of the neck, and trochanteric bursitis. Her treatment included physical therapy, medications a TENS unit, lumbar epidural steroid injection, home exercise program, and aquatic therapy. Medications included Opana ER, gabapentin, flexeril, and volataren gel. Medication is effective with pain controlled at 3/10. The patient has not taken NSAIDs. The current request is for Gabapentin and Opana ER. Gabapentin was actually certified by utilization review on 11/7/14 but Opana was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Opana ER 30MG # 60 (DOS 9/30/14): 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): 78-79.

**Decision rationale:** The request for Opana ER is not medically necessary. The patient has been taking Opana ER for the cervical and lumbar spine. The chart does not provide any documentation of improvement in function with the use of Opana ER. She had consistent UDS results. There are no documented drug contracts, or long-term goals for treatment as recommended by the MTUS Guidelines. The 4 A's of ongoing monitoring were not adequately documented. The patient had some continued pain. Because there was no documented evidence of objective functional gains with the use of Opana ER, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of Opana ER outweigh the benefits. Therefore, the request is not medically necessary.