

<b>Case Number:</b>	CM15-0002836		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 58 year old, female patient, who sustained an industrial injury on 01/12/2006. A primary treating office visit dated 12/23/2014 reported a periodic report with a change in plan of care. The patient has subjective complaint of foot, leg and low back pains. She states having had fallen 6 times over the past 9 month due to weakness and giving way. Of note, she has had recent radiograph study and is being considered for a third lumbar surgery. She is status post two spinal fusions and also has completed a functional restoration program in 02/2010. She has not been using analgesics since her last surgery in 2011. She is currently prescribed; Celebrex, Lidoderm, Cymbalta, Soma, Pantoprazole and Lactulose. The following diagnoses are applied; strain/sprain, lumbar; chronic pain syndrome; post laminectomy, lumbar and lumbar fusion with radiculopathy. A request was made for the following medications; Gabapentin 300mg # 60; Cymbalta 60mg # 30; Oxymorphone ER 5mg # 60, and Celebrex 200mg # 60. On 12/31/2014, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, pages 49, 70, 78 were cited. On 01/06/2015, the injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxymorphone ER 5 mg, sixty count with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49, 70 and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxymorphone 5 mg #60 with no refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are sprained/strain and lumbar spine; chronic pain syndrome; post laminectomy lumbar; fusion, level unspecified; and lumbar or thoracic radiculopathy. A progress note from June 25, 2014 indicates the injured worker was started on Oxymorphone with improvement. Oxymorphone 5 mg BID #60 was prescribed at that time. In the interim months, Oxymorphone ER was decreased to 5mg one daily. A more recent progress note dated December 23, 2014 states the injured worker has had multiple falls due to weakness. Pain is increased in the lower back. The injured worker still has a VAS pain scale of 8/10. Objectively, there are no findings referable to the lumbar spine. The neurologic evaluation includes a mental status examination with no motor or sensory examination or other neurologic findings. A pain assessment in the progress note states the injured worker has 75% pain relief for 10 to 12 hours. There are no risk assessments in the medical record. The treating physician states there is 75% pain relief with the present analgesic regimen. However, subjectively, the injured worker has a continued VAS pain score of 8/10. Consequently, absent clinical documentation whereby the clinical subjective findings match the objective clinical findings with ongoing documentation of objective functional improvement (subjective 8/10 pain with increased low back pain but the treating physician indicates 75% pain relief for 10 to 12 hours), risk assessments and pain assessments, Oxymorphone 5mg #60 is not medically necessary.