

<b>Case Number:</b>	CM15-0009704		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/18/1994
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old female, who sustained an industrial injury on 8/18/1994. The injured worker had complaints of back pain and cannot lie on her side and has poor tolerance for walking and sitting. The reports chronic low back pain with burning sensation, aggravated by prolonged standing, sitting and other repetitive activities and the pain radiates to her feet and make her feet feel like she is walking on "pebbles" after >20 minutes of ambulation. The diagnoses have included brachial neuritis NOS and lumbar disc degeneration. According to the utilization review performed on 12/17/2014, the requested Opana ER 20 mg (Oxymorphone HCl) 1 tablets orally 12 hours #60 has been modified to Opana ER 20 mg #40. The utilization review noted that Opana ER 5mg 1 tablet orally every night #30 was prescribed for pain, along with Opana ER 20mg 1 tablet orally every 12 hours #60 and the oxycodone 15mg twice a day #60. The MED is 180mg which exceeds recommended MED upper limit of 120mg. CA MTUS guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 20 mg (Oxymorphone HCl) 1 tablets orally 12 hours #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The 4 A's for on-going monitoring.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Opana ER 20 mg (Oxymorphone HCl) 1 tablets orally 12 hours #60 is not medically necessary and appropriate.