

<b>Case Number:</b>	CM15-0138604		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, 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:

This 61 year old man sustained an industrial injury on 11/18/2003. The mechanism of injury is not detailed. Diagnoses include crush injury to foot, chronic pain syndrome, left foot reflex sympathetic dystrophy, chronic pain related insomnia, neuropathic pain, chronic pain related depression, and prescription narcotic dependence. Treatment has included oral medications. Physician notes on a PR-2 dated 9/22/2014 show complaints of left side of body pain rated 7/10. Recommendations include urine drug screen, Benardyl, Norco, Gabadone, Percura, Trepadone, Fosamax, Remeron, Clonidine, Fluriflex ointment, and follow up in three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxymorphone Opana ER 15mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81; 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opana.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 nonadherent) 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."The documentation submitted for review notes that the injured worker's current medication regimen provides pain relief and improved function. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS reports available for review are from 2013. CURES was not available. Furthermore, per the ODG guidelines, Opana is not recommended. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). (Opana FDA labeling). Absent current documentation of appropriate medication use, medical necessity cannot be affirmed. The request is not medically necessary.