

<b>Case Number:</b>	CM15-0145181		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 31 year old male who sustained an industrial injury on July 5, 2011. He reported that he fell down a hill. An MRI showed a right lateralizing disc protrusion. Treatment to date has included medications and lumbar epidural steroid injections. According to a progress report dated 07/09/2015, the injured worker returned for a follow up of chronic low back pain due to lumbar disc degeneration, lumbosacral spondylosis and sciatica. He denied acute changes in his condition. He continued to have constant low back pain with radiation into the left lower extremity. His pain increased with walking, standing, lifting and bending at the waist. It improved with rest and medications. H continued to take Percocet 2 or 3 tablets per day which decreased pain by approximately 30%. This increased his tolerance for walking and standing for longer periods. It allowed him to perform activities of daily living and walk his dogs with less pain. The provider stated that switching to Opana ER was discussed during the last visit. The injured worker was interested in trying another medication. However, he had concerns due to adverse reactions to multiple other medications that he had tried in the past. He had been denied for a thoracic epidural steroid injection, participation in a functional restoration program and purchase of an orthopedic mattress. Current medication regimen included Trazodone 50 mg 1-2 tablets at bedtime and Percocet 10-325 mg 2-3 tablets daily as needed for pain. Diagnoses included degeneration lumbar lumbosacral disc, lumbar disc displacement without myelopathy, spondylosis lumbosacral, pain in thoracic spine and sciatica. A prescription was given for Opana ER 15 mg 1 tablet by mouth every 12 hours for pain #60. Percocet was being switched to Opana ER. Urine drug screens and Cures reports showed no inconsistencies according to the provider.

Urine drug screens results from his previous visit were positive for THC and Oxycodone which was consistent with medications. He had a current medical marijuana card on file. He had side effects from multiple medications including rashes and vomiting. He had not side effects with use of Percocet, so there was no anticipation of side effects with Opana ER. The injured worker continued to report frustration and depressive symptoms secondary to pain and limited function. The provider requested referral to a psychologist. He was to return for follow up in 4 weeks. Work status was permanent and stationary with permanent disability. Currently under review is the request for Opana ER (Extended Release) 15mg tablet, 1 tablet by mouth every 12 hours for pain #60 prescribed on July 9, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Opana ER (Extended Release) 15mg tablet, 1 tablet by mouth every 12 hours for pain, #60 (prescribed 7-9-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, opioids, dosing.

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

**Decision rationale:** Opana-ER (long-acting 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 documentation indicated the worker was experiencing pain lower back that went into the left leg. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. This long-acting medication was being suggested to replace a short-acting one. However, the worker's proposed daily dose of medication was significantly higher than the equivalent dose to what the worker had been taking, which would be likely to result in potentially lethal overdose, and was also higher than that supported by the Guidelines. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of Opana-ER (long-acting oxymorphone) 15mg one tablet taken every 12 hours for the date of service 07/09/2015 is not medically necessary.