

<b>Case Number:</b>	CM15-0186051		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/09/1998
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 9, 1998. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for Opana immediate release. The claims administrator referenced an RFA form and an associated progress note of August 12, 2015 in its determination. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant received an SI joint injection. The applicant was using Dilaudid, Percocet, Keflex, OxyContin, and Opana, it was reported on this date. The applicant was reportedly using OxyContin 40 mg four times daily, Percocet 10/325 mg four times daily, Dilaudid 4 mg three times daily, and Opana 40 mg immediate release three times daily. The applicant received multiple medication refills. On August 18, 2015, the applicant again received an SI joint injection. Once again, it was stated that the applicant was using Opana immediate release, OxyContin, Keflex, Percocet, and Dilaudid. Once again, the applicant's work status was not detailed. No seeming discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana IR 40mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**Decision rationale:** No, the request for Opana immediate release was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on office visits of September 15, 2015 and August 18, 2015, referenced above, suggesting that the applicant was not, in fact, working. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Opana usage. The applicant's usage of Opana immediate release 40 mg three times daily, OxyContin 40 mg four times daily, Percocet 10 mg four times daily, and Dilaudid 4 mg three times daily, moreover, represented a total daily morphine equivalent dose of 708 daily morphine equivalents, i.e., well in excess of the 120 mg oral morphine equivalents limit for daily opioid usage established on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.