

<b>Case Number:</b>	CM15-0189622		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/27/1991
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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:

This 53 year old man sustained an industrial injury on 9-27-1991. Diagnoses include neuropathic leg pain, low back pain, and discogenic back pain. Treatment has included oral medications. Physician notes dated 8-15-2015 show complaints of back pain with burning pain in the bilateral lower extremities below the knees. The worker states he has increased his dose of Norco and tried multiple NSAIDs, Lyrica, and Gabapentin without relief. The physical examination shows a moderate amount of pain without a rating scale, guarded posture while transferring and ambulating, "good" lower extremity range of motion without measurements and 4 out of 5 strength on the left with 5 out of 5 strength on the right, "limited range of motion" in the back due to pain without measurements, "moderate tenderness" to the lumbar spine, and decreased left lateral calf sensation. Evaluations include Elavil, stop Norco, and start Opana IR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana IR (immediate release) 10 mg Qty 180:** 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 for chronic pain.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker had been on high-dose opioids for a significant period of time but continued to have significant pain (not rated). He has recently increased his dose of Norco without relief. There is no dosage information included with this request for Opana and the injured worker had not had significant pain relief or functional improvement with prior opioid use. Additionally, it is noted that he also uses an intrathecal pump for the delivery of Dilaudid, therefore, the request for Opana IR (immediate release) 10 mg Qty 180 is determined to not be medically necessary.