

<b>Case Number:</b>	CM15-0206246		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 20, 2000. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for Opana. An RFA form received on September 23, 2015 was cited in the determination. The applicant's attorney subsequently appealed. On September 17, 2015, the applicant reported severe neck pain radiating to the shoulders with associated headaches. The applicant reported 10/10 pain without medications versus 4/10 with medications. The applicant reported derivative complaints of depression and anxiety. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Norco, Opana, Wellbutrin, Prozac, and Ativan were all renewed. The applicant's work status was not explicitly detailed. On October 1, 2015, the applicant was given refills of methadone, Norco, Wellbutrin, and Prozac. Once again, the applicant's work status was not explicitly detailed. On August 20, 2015, methadone, Norco, Prozac, and Wellbutrin were all refilled. Once again, the applicant's work status was not clearly reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana 30mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, a long-acting opioid, 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 for opioid therapy includes 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 multiple office visits, referenced above, interspersed throughout mid and late 2015, suggesting the applicant was not, in fact, working. While the treating provider did recount a reported reduction in pain scores from 10/10 without medications versus 4/10 with medications on September 17, 2015, these reports were, however, outweighed by the attending provider's failure to report the applicant's work status, applicant's seeming failure to return to work, the attending provider's failure to identify specific functions and/or functionality to ameliorate the results of ongoing medication consumption. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the lowest possible dose of opioid should be employed to improve pain and function. Here, thus, the attending provider failed to furnish a clear or compelling rationale for concurrent use of two separate long-acting opioids, Opana extended release and Norco. The applicant's consumption of Opana extended release 30 mg twice daily, Norco 10-325 six times daily, and methadone 10 mg thrice daily, taken together, represented a total morphine equivalent dose of 540 mg of morphine equivalents daily, i.e., well in excess of the 120 mg oral morphine equivalents daily cap suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines for daily opioid usage. Therefore, the request is not medically necessary.