

<b>Case Number:</b>	CM15-0219837		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	09/24/1997
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 65 year old male, who sustained an industrial injury on 9-24-97. The injured worker was being treated for long-term use of medications, constipation, carpal tunnel syndrome, and back pain, adjustment reaction with depressive reaction, lumbar stenosis and urinary-fecal incontinence. On 9-22-15, the injured worker complains of constant severe low back pain rated 7 out of 10 and associated with muscle spasms in bilateral back, shoulder and right forearm; he has left elbow pain from epicondylitis. He states he functions well with 30% pain relief and doesn't want to make changes to his medication regimen. He notes with medications he is able to perform more activities and walk longer. Work status is unclear. Physical exam performed on 9-22-15 revealed an antalgic gait and ambulation with a cane; he stood for the interview; otherwise, no abnormalities noted. It is noted on 8-26-15 his urine drug screen was "appropriately positive". Treatment to date has included oral medications including Opana 10mg (provides pain relief for about 2-2.5 hours with 30% relief and utilized since at least 2-5-15), Lyrica, Cymbalta and Naprelan; TENS unit, cane for ambulation, and activity modifications. The treatment plan included refilling of Opana 10mg #150, Lyrica 150mg #60, Senna #120, Cymbalta 60mg #60 and Naprelan 375mg #60. On 10-27-15 request for Opana 10mg #150 was modified to #120 by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana (Oxymorphone HCL) 10mg #150: 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:** When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 7/10 by 30%. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.