

<b>Case Number:</b>	CM15-0031701		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	03/17/2003
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old female who sustained a work related injury March 17, 2003. Past history included; open heart surgery age 3, for a septal defect, cervical spine surgery x 3, shoulder surgery x 2, bilateral carpal tunnel and hand surgery, thrombophlebitis left lower extremity January, 2014, and vena cava filter placement February, 2014. According to an acupuncture visit note dated January 14, 2015, the injured worker underwent acupuncture treatment and tolerated it well. According to a secondary treating physician report dated January 20, 2015, the injured worker presented with posterior neck pain and intense right scapular pain causing headache as well as difficulty swallowing. She is markedly tender over the posterior instrumentation from C3-T3 bilaterally. She is tender over the suprascapular notch on the right and presently, this area causes pain radiating into the arm. There is no focal neurological deficit in the upper extremities and she is free of tract signs in the upper and lower extremities. Diagnoses are documented as anterior and posterior cervical arthrodesis; myofascial pain syndrome secondary to posterior cervicothoracic instrumentation; suprascapular nerve neuropathy on the right secondary to the effects of myofascial pain syndrome. Treatment plan included requests for authorization of injections around the instrumentation. Prior UDS has been positive for amphetamine. According to a request for authorization dated January 21, 2015, the physician requests Opana ER 40mg take one tablet three times daily QTY: 90, increasing dose. According to utilization review dated January 28, 2015, the request for Opana ER 40mg #90 is modified to Opana ER #60, citing MTUS Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana 40mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20- 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Opana (oxymorphone), California Pain Medical Treatment Guidelines state that Opana ER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, previous UDS has been positive for amphetamine, and it does not appear there has been a discussion with the patient to clarify this issue. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Opana (oxymorphone) is not medically necessary.