

<b>Case Number:</b>	CM15-0032826		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	08/30/2002
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Massachusetts

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 43-year-old male with an industrial injury dated 08/30/2002. The medical record dated 01/22/2015 does not document diagnosis however it documents impression as a lumbar 4-5 annular tear and lumbar 5-sacral 1 disc protrusion, status post left lumbar 5-sacral 1 hemi-laminectomy and discectomy. Prior treatment included medications. He presents on 01/22/2015 for follow up. He continues to complain of back pain that radiates down the lower extremities. He states that the Nucynta ER is not very effective for him but the Norco does help partially. He states he is in so much pain that he can barely sleep at night and only gets 5 hours of sleep per night at most. He has tried Avinza and Duragesic patch. The provider notes other options include Opana ER or Oxycontin. The injured worker wanted to try Opana ER or Oxycontin and Opana ER was started. He had been offered an anterior and posterior lumbar fusion but is reluctant about surgical intervention. Physical examination revealed tenderness to palpation along the lumbar paraspinal muscles. His gait was antalgic with the use of a cane. Neurologic exam was unchanged. Lumbar range of motion was only at 50% or normal. Treatment plan included medications (Opana ER, Norco, Flexeril), continue with an independent exercise program and return in 1 month for a recheck. The treatment request is for Opana ER 20 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opana.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Opioids, criteria for use, p76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. When seen, Nucynta ER was ineffective with partial benefit from Norco. A lumbar fusion had been recommended. Here was lumbar tenderness with decreased range of motion. There was a slow, antalgic gait with a cane. Opana ER and Norco were prescribed at a total MED (morphine equivalent dose) of up to 350 mg per day. The Opana ER dosing instructions were 1-2 every 12 hours. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Additionally, Opana ER would be properly dosed on a fixed rather than as needed schedule. The request is not medically necessary.