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| <b>Case Number:</b>   | CM15-0039234 |                              |            |
| <b>Date Assigned:</b> | 03/09/2015   | <b>Date of Injury:</b>       | 02/21/2001 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/02/2015 |

### 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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 51-year-old male who sustained an industrial injury on 2/21/01. No mechanism of injury was reviewed. He currently complains of pain in the left forearm, muscle aches and joint pain. He also complains of depression and sleep disturbances. Medications are methadone, metoclopramide, Miralax, Norco, omeprazole, Norco, clindamycin. Diagnoses include tendinitis and/or tenosynovitis of wrist and hand; chronic pain syndrome; status post open biopsy of the ulnar stump, left forearm (8/18/14). In the progress note dated 2/24/15 the treating provider indicates that the methadone was not helping with pain and switched the injured worker to Opana ER two weeks ago but it was not approved and the injured worker did not use it. There was no progress note in early February for review, noting that Opana was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER (Crush Resistant) 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

**Decision rationale:** Opana ER (Hydromorphone/Dilaudid) is a semi-synthetic opioid analgesic, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, there was no evidence of objective functional improvement with use of the medication. There has been no documentation of this medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Without this documentation, medical necessity has not been established. Of note, the medication should be weaned according to the standard protocol to avoid withdrawal symptoms. Medical necessity for the requested medication is not established. The requested treatment with Opana ER is not medically necessary.