

<b>Case Number:</b>	CM15-0046154		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/08/2006
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 50 year old male, who sustained an industrial injury on 08/08/2006. He has reported injury to the lower back. The diagnoses have included chronic back pain status post lumbar fusion with possible pseudarthrosis. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Endocet, Opana, Tizanidine, and Neurontin. A progress note from the treating physician, dated 02/04/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant low back pain which is sharp and travels to the back of the left leg; and pain is managed with medication. Objective findings included moderately severe tenderness to palpation of the lumbar paraspinals; decreased lumbar range of motion; and straight leg raising is mildly positive on the left. The treatment plan included prescription medication. Request is being made for Opana 10 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

**Decision rationale:** Regarding the request for Opana (oxymorphone), this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended per CPMTG 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 urine drug screen ordered by the provider on 2/4/2015 and opioid agreement signed on 1/7/2015. However, there is no documentation 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), and no documentation regarding side effects. 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.