MAXIMUS Federal Services

| Case Number: | CM15-0057092 | | |
|---|---|---|---|
| Date Assigned: | 04/01/2015 | Date of Injury: | 08/18/1994 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

## 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: 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:

This 68 year old female sustained an industrial injury to the back on 8/18/94. Previous treatment included magnetic resonance imaging, lumbar fusion times two and medications. In a progress note dated 2/24/15, the injured worker complained of pain 7/10 on the visual analog scale with radiation to bilateral legs and feet describe as burning, shooting, electrical pain and pins and needles along the bottom of the feet. The physician noted that the injured worker's pain continued to worsen and her activity was declining. The injured worker was spending 70-80% of her day lying down. The physician noted that he had had to increase her pain medication in an attempt to better manage her pain. Current diagnoses included lumbar post laminectomy syndrome and lumbar degenerative disc disease. The treatment plan included medications (Oxycodone 15 mg #60, Oxycodone 5 mg #30, Opana ER 5 mg #30 and 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 (Oxymorphone HCL) 20mg tabs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids, On-going management Page(s): 75, 78, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment guidelines, recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case, the injured worker is being prescribed Oxycodone 15 mg #60, Oxycodone 5 mg #30, Opana ER 5 mg #30 and Opana ER 20 mg #60, which is equivalent to morphine equivalent dosage of 187.5, which exceeds the recommended amount. Furthermore, there is no evidence of improvement of pain or function despite the ongoing use of high levels of opioids. Additionally, the long term use of opioids leads to dependence and tolerance. The MTUS guidelines specifically state that, "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) (Ballantyne, 2003)." The medical records indicate that prior Utilization Reviews have allowed modifications to allow for weaning of opioids. The request for Opana (Oxymorphone HCL) 20mg tabs is not medically necessary and appropriate.