

<b>Case Number:</b>	CM15-0057115		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/18/1994
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Physical Medicine & Rehabilitation

### 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 68-year-old female, who sustained an industrial injury on 8/18/94. She has reported a back injury after slipping and falling on the stairs. The diagnoses have included lumbar post laminectomy syndrome and lumbar degenerative disc disease (DDD). Treatment to date has included medications, surgery, physical therapy, activity modifications, and Home Exercise Program (HEP). Surgery has included lumbar fusion x2. The current medications included Flexeril, Opana, Oxycodone and Sonata. Currently, as per the physician progress note dated 2/24/15, the injured worker complains of low back pain described as burning and electrical shock like pain in the legs and feet especially at night. The pain was rated 7/10 on pain scale. The pain improvement overall since establishment has been 0 percent and the improvement in the ability to function with use of medications was 100 percent. The medications that were tried and failed included Celebrex, Aleve, Lyrica, Ambien and Neurontin. The physical exam revealed weight of 230 pounds, height of 65 inches and blood pressure 135/71. The physician noted that the injured worker continues to report that her legs were heavy with pins and needles in her feet and that her activity continues to decline and the pain continues to worsen. She reports increased fatigue and weight gain with taking Opana ER and sweating as a side effect. It was noted that she has been stable on current medications and has been able to maintain function and activities of daily living (ADL's). The physician requested treatment includes Opana ER 5mg one by mouth at bedtime #30 for the chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 5mg one by mouth at bedtime #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 93.

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration especially with noted side effects. The Opana ER 5mg one by mouth at bedtime #30 is not medically necessary and appropriate.