

<b>Case Number:</b>	CM15-0080454		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Arizona, 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:

The injured worker is a 63-year-old male who sustained an industrial injury on 02/19/2007 as a cattle truck driver and was attacked by a bull. The injured worker was diagnosed with T12 compression fracture and lumbago. Treatment to date includes diagnostic testing, conservative measures, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on April 2, 2015, the injured worker continues to experience mid-lower back pain radiating to the right and left side with paresthesias and weakness of the lower extremities. The injured worker rates his pain level at 8/10 without medications and 3-4/10 with medications. The injured worker presents with a mild antalgic gait and moderate tenderness across the lower back with decreased strength in the lower extremities due to pain and decreased range of motion. Current medications are listed as Opana ER 20mg, Opana 10mg and Ibuprofen. Treatment plan consists of continuing with prescribed medications and the current request for Opana 10mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana 10mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** According to the guidelines, opioids such as Opana are not indicated as 1st line for mechanical or compressive etiologies. Although, the claimant had relief with Opana and the claimant had been on it for several months, there was no indication of trial of lower dose or a weaning trial. In addition, an opioid agreement was not provided in the records. The long-term use of high dose opioids is not recommended and not medically necessary.