

<b>Case Number:</b>	CM15-0083739		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/02/2002
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Massachusetts

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 63 year old male, who sustained an industrial injury on April 2, 2002. The injured worker was diagnosed as having lumbago and left ankle/foot pain. Treatment and diagnostic studies to date have included medication, physical therapy and epidural steroid injection. A progress note dated March 5, 2015 provides the injured worker complains of low back and left ankle pain. He rates the pain 4-5/10 with medication he pays for out of pocket due to workman's compensation denial of coverage. Physical exam notes antalgic gait with cervical decreased range of motion (ROM), lumbar sensory deficits and left ankle tenderness. The plan includes continued medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 10mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back and left foot pain. When seen, medications are referenced as providing 50% pain relief and allowing for activities including household activities. Opana and Percocet were being prescribed at a total MED (morphine equivalent dose) of 135 mg per day. Physical examination findings included decreased lumbar spine range of motion and left ankle tenderness with an antalgic gait. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, continued prescribing of Opana in combination with Percocet at these doses was not medically necessary.