

<b>Case Number:</b>	CM15-0241002		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	05/08/2006
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	12/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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: North Carolina  
 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 is a 52-year-old female with a date of industrial injury 5-8-2006. The medical records indicated the injured worker (IW) was treated for long-term (current) use of opiate analgesics; arthropathy, unspecified; fracture of unspecified parts of the lumbosacral spine and pelvis, initial encounter for open fracture; other intervertebral disc displacement, lumbar region; post-laminectomy syndrome, not elsewhere classified; myalgia; muscle spasm of back; pain in unspecified elbow; and radiculopathy, lumbar region. In the progress notes (11-16-15), the IW reported persistent, moderate to severe lower back pain radiating to the left ankle, calf and foot and to the right arm. Her pain was rated 10 out of 10 without medications and 3 out of 10 with them. She rated her average pain 8 out of 10 in the last month and pain interference with daily activities as 5 out of 10. Symptoms are worse with changing positions, daily activities, lifting, sitting, lying and resting and improved with massage, pain medications and rest. According to the Quality of Life Scale, her functional level decreased since her visit on 10-16-15; she could fulfill her daily home responsibilities when taking her medication, but she struggled; there were no outside activities and she was unable to work or volunteer. Without medications, she could dress in the morning, perform minimal home activities and contact friends via phone or email. Her Opiate Risk Tool score was 9 (high risk) and her Oswestry Disability Index was 20%. Medications included Temazepam, Geodon, Voltaren 1% gel, Trazodone, Lyrica, Lidocaine 5% ointment, Oxymorphone ER 15 mg (new prescription), Opana ER 30mg (since at least 3-2015) and Opana 10mg. She denied side effects and the provider reported there were no aberrant behaviors. On examination (11-16-15 notes), strength was decreased at the right elbow. There

was mild spasm in the lumbar paraspinals and tenderness over the lumbar paraspinals and sacral-gluteal regions. Motion was painful. Straight leg raise on the right caused back pain only and on the left, pain radiated left. There was diffuse tenderness and mild swelling of the right elbow. Treatments included lumbar facet joint injections, radiofrequency lesioning (10-2012, right L3 through L5, with 50% improvement), sacroiliac joint injections, medications, ACE wrap or sling and home exercise. The IW was 'permanent and stationary'. The provider documented that urine drug screens, routine labs and CURES were obtained and reviewed periodically to monitor adherence to the medication regimen. According to the 11-16-15 notes, the last urine drug screen and CURES review was 10-7-14; the drug screen report showed several inconsistent results. A Request for Authorization was received for Oxymorphone HCl ER 15mg, #30 and Opana ER 30mg, #60. The Utilization Review on 12-2-15 non-certified the request for Oxymorphone HCl ER 15mg, #30 and modified the request for Opana ER 30mg, #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Oxymorphone HCL ER 15mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documentation of significant subjective improvement in pain such as VAS scores with pain decreased from a 10/10 to a 3/10. There is no objective measure of improvement in function or activities due to medication. Work status is not mentioned. For these reasons all the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.

#### **Opana ER 30mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The

long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documentation of significant subjective improvement in pain such as VAS scores with pain decreased from a 10/10 to a 3/10. There is no objective measure of improvement in function or activities due to medication. Work status is not mentioned. For these reasons all the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.