

Case Number:	CM13-0049915		
Date Assigned:	04/30/2014	Date of Injury:	03/10/2011
Decision Date:	09/24/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/22/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old patient who sustained injury on March 10 2011. He worked as a carpenter and developed pain in his back, neck, left shoulder and left arm. He was seen by [REDACTED] on Dec 14 2012 . He was diagnosed with thoracic strain/sprain and radiculopathy, shoulder sprain/strain, lower back pain and shoulder capsulitis. He was started on opana for long acting pain control. He was taking other medications as well: atenolol, xanax, flexeril, valium, motrin, ativan, mobic. [REDACTED] saw the patient on Jan 7 2013 , Jan 23 2013 ,Feb 20 2013, March 13 2013 and Apr 23 2013 in follow up and was continued on opana to treat ongoing pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 10MG #60, UNITS REQUESTED TWO (2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OXYMORPHONE,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana), Oxymorphone Extended Release (Opana ER) Page(s): 80,93.

Decision rationale: Per MTUS, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When

these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. The patient did not demonstrate any improvement despite being on this medication for an extended time period. The adverse effects from long term usage of opiates outweigh the benefit and the patient was otherwise unaffected. Therefore, it would not be medically indicated to continue this medication.