

<b>Case Number:</b>	CM14-0116673		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/18/1997
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 51 year-old female with date of 03/18/1997. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/28/2014, lists subjective complaints as pain in the neck and shoulders, bilaterally. Objective findings: Cervical spine range of motion was very limited in all axes. There was tenderness to palpation of the bilateral trapezius, and upper quadrant muscle groups. Bilateral shoulders elevation 100 degrees with motor 5+ on the right and 4+ on the left. Diagnosis: 1. Cervical spondylosis with myelopathy 2. Causalgia of upper limb 3. C1-C4 quadriplegia and quadriparesis 4. Disorders of the bursae and tendons in shoulder region 5. Neurogenic bladder 6. Lumbago 7. Other closed fractures of distal end of radius 8. Chronic pain syndrome 9. Spinal stenosis of cervical region 10. Other specified paralytic syndrome 11. Pain in joint involving lower leg 12. Reflex sympathetic dystrophy of the lower limb 13. Spinal stenosis of lumbar region 14. Degeneration of lumbar or lumbosacral intervertebral disc 15. Pain in joint involving shoulder region 16. Headache 17. Constipation 18. Insomnia 19. Organic disorder of excessive somnolence 20. Spasm of muscle 21. Depressive disorder. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as one year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OPANA ER 30 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** Oxymorphone is indicated for the relief of moderate to severe pain and also as a preoperative medication to alleviate apprehension, maintain anesthesia and as an obstetric analgesic. The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of Opana. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year.