

<b>Case Number:</b>	CM14-0143420		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/05/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 50-year-old female who reported an injury on 08/05/1998. The mechanism of injury was not provided. On 05/06/2014, the injured worker presented for a followup regarding medication refills. The diagnoses were abdominal pain, constipation, dysphagia, blurred vision, and shortness of breath secondary to asthma. The medications included Nexium, Carafate, Probiotics, and Linzess. The examination was within normal limits. The provider recommended Opana HCL ER, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana HCL ER 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78..

**Decision rationale:** The request for Opana HCL ER 10 mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional

status, appropriate medication use, and side effects should be evident. There is lack of evidence of objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. There is lack of documentation of an objective pain scale of the injured worker. The physical examination was within normal limits and there were no complaints of pain. As such, this request is not medically necessary.