

<b>Case Number:</b>	CM14-0179482		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/12/2002
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Montana. 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 vineyard worker with a date of injury of 3/12/12. He fell resulting in injury to the low back. Current complaints include chronic pain in the low back with radiation to the lower extremities and chronic neck pain radiating to the bilateral upper extremities. The treatment note of 10/8/14 shows diagnoses of lumbar degenerative disc disease status post fusion, chronic low back pain, bilateral lumbosacral radiculopathy, urinary retention, chronic hepatitis C and abdominal hernia. Medications have included Neurontin 400 mg 3 times daily and Opana ER 40 mg daily. The utilization review on 10/18/14 modified the request for Opana ER 40 mg #30, certifying #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 40mg #30:** Overturned

**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 Opioids, Oxymorphone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug formulary, Oxymorphone

**Decision rationale:** Opana ER is an extended release formulation of Oxymorphone. The MTUS notes that Opana ER is not intended for PRN use. Patients are to avoid alcohol while on Opana ER due to increased (possibly fatal) plasma levels. The Official Disability Guidelines note that Oxymorphone (Opana) is not recommended. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case the treating physician does document 40% decrease in pain with use of medications. A pain contract is in effect. There is documentation of functional improvement allowing adequate function for activities of daily living. The records document that there have been no aberrant drug behaviors and no significant side effects. Although the consultation records would seem to demonstrate no significant improvement, I believe that this shows that the current treatment provides no additional benefit beyond that already obtained by Opana ER and Neurontin. The request for Opana ER 40 mg #30 is medically necessary.