

<b>Case Number:</b>	CM14-0183252		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/29/2005
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 & Rehabilitation and Pain 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:

The injured worker is a 52-year-old female who reported an injury on 09/29/2005. The mechanism of injury was not provided. On 10/30/2014, the injured worker presented with continued neck and hand pain. There was a recent denial for a discogram as noted. Much of this note is handwritten and largely illegible. Upon examination, there was limited motion and pain to the neck and back. The diagnosis is illegible. There is no medication list provided. The provider recommended Opana extended release 40 mg, Opana 10 mg, and clonazepam 0.5 mg. The 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:

#### **1 Prescription for opana ER 40mg #140: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for Opana ER 40 mg #140 is not medically necessary. The California MTUS 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 a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. There is no information on treatment history or the length of time the injured worker has been prescribed Opana. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**1 Prescription for opana 10mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for Opana 10 mg #120 is not medically necessary. The California MTUS 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 a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. There is no information on treatment history or the length of time the injured worker has been prescribed Opana. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**1 Prescription for clonazepam 0.5mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for clonazepam 0.5 mg #30 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit the use to 4 weeks. There is no information on treatment history or the length of time the injured worker has been prescribed clonazepam. There is a lack of efficacy of the medication documented to support continued use. Additionally, the frequency of the medication was not submitted in the request. As such, medical necessity has not been established.