

<b>Case Number:</b>	CM14-0086917		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46-year-old male injured on 08/01/09 due to undisclosed mechanism of injury. Diagnoses included total body pain, valley fever, right shoulder impingement syndrome, right shoulder pain, fibromyalgia, chronic pain syndrome, insomnia related to chronic pain, and neuropathic pain. Clinical note dated 07/11/14 indicated the injured worker presented complaining of pain to the head, bilateral arms, hips, knees, and feet. The injured worker reported use of Zofran for significant nausea and vomiting. The injured worker rated pain 5/10 and reported pain without medications rated 10/10. Medications were managing pain and providing improved function. Treatment plan included Zofran, Trazadone, Opana ER, Roxycodone, Prilosec, aspirin, Fluriflex ointment. The initial request for Opana ER 40 mg #120 and Roxycontin 30 mg #120 refill times one #240 was non-certified on 05/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 40mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day. As such, Opana ER 40mg #120 cannot be recommended as medically necessary at this time.

**Roxycontin 30mg #120 refill X 1 QTY: 240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day. As such, Roxycotin 30mg #120 refill X 1 QTY: 240 cannot be recommended as medically necessary at this time.