

<b>Case Number:</b>	CM14-0093565		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Florida. 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 49-year-old male with a reported injury on 10/20/2010. The mechanism of injury was lifting a large, awkward box and twisting. The injured worker's diagnoses included lower back pain, status post lumbar fusion, and an umbilical hernia. The injured worker's past treatments included physical therapy, aquatic therapy, a gym membership, and chiropractic care. The injured worker's diagnostic testing included x-rays of the lumbar spine on 12/11/2012 and 04/30/2013, showing status post L5-S1 fusion and mild disc degenerative disease at L3-4. The injured worker's surgical history included an anterior lumbar interbody fusion at L5-S1, insertion of prosthetic spacer at L5-S1, use of a local bone graft, posterior spinal fusion at L5-S1, and posterior non-segmental instrumentation at L5-S1 on 02/23/2012. The injured worker was evaluated for his lower back pain on 07/22/2014. The injured worker reported ongoing lower back pain and failing a decrease of Opana 15 mg to once a day from twice a day. The clinician reported that the injured worker's pain was 9/10 coming down to 5/10 with the Opana. He was also taking Norco for breakthrough pain. His activities of daily living with the Norco and the Opana were increased and he was able to go to the gym 5 days per week. The injured worker complained of skin itching from the Norco, and constipation. Senokot for constipation was increased. The injured worker's last random drug screen was consistent with his medications and the injured worker was not reporting any lost or stolen medications or running out early. The injured worker's medications included Opana 15 mg twice per day, Elavil 25 mg 1 to 2 at bedtime, Senokot S 1 to 6 per day as needed, Nexium, Phenergan, and Benadryl. The request was for Opana ER 15 mg quantity 60. No rationale for this request was provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 15 mg. QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): Page: 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 80.

**Decision rationale:** The request for Opana ER 15 mg. QTY: 60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker did report pain relief from 9/10 down to 5/10 with the use of Opana. An increase in functionality was noted with medication use. Adverse effects were being treated by his physician. No aberrant drug behavior was noted by the physician. The injured worker was recommended to initiate weaning as of 06/12/2014 and was approved for Opana quantity 45. The request for the quantity of 60 is inconsistent with the recommended weaning process. In addition, the request did not include a frequency of dosing. Therefore, the request for Opana ER 15 mg. QTY: 60 is not medically necessary.