

<b>Case Number:</b>	CM14-0215578		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	05/04/2003
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61 year old male who was working as a correction officer on 06/04/03 when he reported an industrial injury involving repetitive bending, lifting and physical encounters with inmates. According to 5/9/13 lumbar CT the injured worker has findings of progressive degenerative changes and postoperative findings of an L4, L5, S1 fusion. There is also severe facet arthritis. According to UDS from 08/08/14 and 10/29/14 the urine toxicology is consistent with only prescribed opioids and there is no aberrant drug behavior. On 05/02/12 he underwent a left shoulder arthroscopic repair. According to recent clinic notes, the injured worker was evaluated by pain management on 09/05/14 and reported was doing well with a recent decrease of Norco. He still reports lower back pain with radiation. Pain is 7-8/10 without medication and 2-3/10 with medications. On physical exam there is tenderness at L4-S1, moderately diminished range of motion in all fields. Neurological exam is normal except for decreased sensation in left lateral thigh and there is mildly antalgic gait. Diagnoses include chronic pain syndrome, lower back pain, L4-5 and L5-S1 fusion post laminectomy syndrome. Plan is to continue with Opana ER 30mg and Norco 10mg four times daily. On 12/2/14 follow-up with pain management he states he has good pain relief with medications and is having improved functional capacity. On physical exam there is reduced range of motion and tenderness on palpation as well as antalgic gait. Plan is medial branch block and to continue with Norco 4 times daily and Opana ER 30mg once daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 30mg every 24 hours #45:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines state that continued use of opiates is recommended for chronic moderate and severe pain, with documented objective evidence of benefit. The guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is description in the medical records of quantifiable improvement with ongoing long-term use of long acting opioids such as the prescribed medication. VAS score were reported as decreasing from 8/10 to 2-3/10 on the 09/05/14 clinic note and there is report of functional improvement on the 12/2/14 clinic note. Additionally there is no report of adverse drug effect and urine drug screens have been appropriate and there has been no aberrant behavior. The peer reviewer stated that total opioid dosage was 130 MED, above the recommended 120 MED. Total dosage of long and short acting opioids is 85 mg MED, below the recommended upper limit. Consequently continued use of long acting opioids is supported by the medical records and guidelines as being medically necessary.