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| <b>Case Number:</b>   | CM15-0005747 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 03/01/1998 |
| <b>Decision Date:</b> | 03/17/2015   | <b>UR Denial Date:</b>       | 12/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 47 year old male was injured 3/1/98 in an industrial accident involving back pain. Current symptoms were unclear. Current medications are Opana and oxycodone which enable him to perform his activities of daily living. There were no laboratory evaluations available to determine level of prescription medications. Diagnoses are lumbar back pain; degenerative lumbosacral intervertebral disc disease; lumbar post laminectomy syndrome. Diagnostics included MRI lumbar spine. Besides medications no other treatments were noted. On 12/23/14 Utilization Review non-certified the request for Opana ER 40 mg # 150 citing MTUS: Chronic Pain Medical Treatment Guidelines: Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 40mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana ER 40 mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbago; degenerative lumber/lumbosacral intervertebral disc; and postlaminectomy syndrome lumbar region. Subjectively, the injured worker has constant low back pain that radiates to the right lower leg greater than left lower leg. Objectively, the injured worker has slow and guarded range of motion of the lower extremities. Strength is 4/5 on the left and 3/5 on the right. He has decreased sensation to light touch on the right versus the left. There is tenderness palpation over the lumbar spine is processes lumbar region and right gluteal region. Current medications are oxycodone 30 mg, Opana ER 40 mg, Wellbutrin XL 300 mg. The documentation indicates in a progress note dated September 26, 2005, Oxycontin and MS Contin were prescribed concurrently at that time. The documentation does not contain long-term evidence of objective functional improvement with the ongoing use of narcotics. There were no detailed pain assessments in the medical record. There was no risk assessment in the medical record. There was no evidence or documentation of opiate weaning attempted in the medical record. Consequently, absent clinical documentation with objective functional improvement with which to gauge opiate efficacy with ongoing pain assessments, Opana ER 40 mg #150 is not medically necessary.