

<b>Case Number:</b>	CM15-0110949		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	07/03/2001
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on 7/03/2001. Diagnoses include lumbar disc disorder, low back pain and depression not otherwise specified. Treatment to date has included medications including Norco, Lyrica, Opana ER, Floricet, Aspirin, Effexor XR and Lorazepam. Per the Primary Treating Physician's Progress Report dated 6/2/2015, the injured worker reported lower backache rated as 4/10 with medications and 7/10 without medications. Physical examination revealed a slow wide-based gait. Range of motion of the lumbar spine was restricted with flexion limited to 60 degrees and extension limited to 10 degrees. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band was noted on both sides. The plan of care included medications and authorization was requested for Opana ER 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 10 Mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, on-going management Page(s): 94-95.

**Decision rationale:** ACOEM Guidelines state that ongoing opiates should be used in cases where the patient has returned to work and there is documented pain relief and improved function. In this case, the request is for Opana Extended release for chronic low back pain. The patient is also taking MS Contin. There is no rationale provided for why the patient needs to be maintained on two different extended release opioids. At his last office visit on 6/1/15, the patient did not have any new injury. He is not trying any other therapies for relief of his back pain. He has not returned to work, one of the criteria for ongoing opiate use. There is no additional documentation to support the medical necessity of Opana ER.