

<b>Case Number:</b>	CM15-0122609		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	01/13/2007
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31-year-old male, who sustained an industrial injury on 1/13/2007. The injured worker was diagnosed as having new right lumbar radiculopathy with right lower extremity weakness, L4-5 mild left neural foraminal stenosis, L5-S1 central herniated nucleus pulposus, L2-3 and L3-4 broad based herniated nucleus pulposus, central L5-S1 and L4-5 disc protrusion, left S1 radiculopathy, mild to moderate L5-S1 bilateral neural foraminal stenosis, mild L4-5 bilateral neural foraminal stenosis, lateral recess stenosis at S1, lumbar degenerative disc disease, mild facet arthropathy at L2-3, mild bilateral facet joint arthropathy at L5-S1, and lumbar sprain/strain, early cauda equine syndrome. Treatment to date has included physical therapy, epidural steroid injections, diagnostics, acupuncture, chiropractic, pain management, and medications. A Qualified Medical Re-Evaluation (9/16/2014) noted a history of depression, and reduction of Opana to 30mg per day (from 40mg), but the injured worker stated he could not reduce medication any further. He was also taking Norco 10/325mg (up to 4 tablets daily) and Wellbutrin for some anxiety. A consultation report, dated 4/28/2015, noted an eight-year history of low back and bilateral leg pain, rated 5/10. Currently (5/01/2015), the injured worker complains of low back pain with radiation into his bilateral buttocks and lower extremities. His pain was not rated. Current medications included Wellbutrin, Metoprolol, Ativan, Norco 10/325mg every 6 hours as needed, Soma, Opana ER 30mg twice daily, Adderall, and Prozac. An allergy to nonsteroidal anti-inflammatory drugs was noted. It was documented that with the use of medications, pain was decreased by 80%, along with improvement in activities of daily living. He was attempting to wean Opana slowly given the potential for increased pain and

withdrawal symptoms. The use of Opana ER and Norco was consistent for at least the previous 6 months. Urine toxicology was documented as appropriate. The use of Opana and Norco was noted since at least 2012. Medication use was to continue as prescribed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Opana ER 30mg #60 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Review indicates previous recommendations for tapering of narcotics. MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 31-year-old injured worker with chronic injury of 2007 without acute flare, new injury, or progressive deterioration. The Opana ER 30mg #60 with no refills is not medically necessary and appropriate.

**Hydrocodone 10/325mg, #120, 1 tablet 4 times a day as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not

supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Hydrocodone 10/325mg, #120, 1 tablet 4 times a day as needed is not medically necessary and appropriate.