

<b>Case Number:</b>	CM15-0124995		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	06/03/2008
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Pain Management

### 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 (IW) is a 49 year old female who sustained an industrial injury on 06/03/2008. The original injury report and mechanism of injury are not found in the records provided. The injured worker was diagnosed as having: Lumbar post laminectomy syndrome; Lumbar radiculopathy; Myofascial pain syndrome; Lumbosacral spondylosis. Treatment to date has included activity modifications, oral analgesics, physical modalities, interventional pain management, and surgical intervention. Currently, the injured worker complains of low back pain radiating down the right leg. Her pain pattern is unchanged. Her low back pain and lower extremity pain is rated as a 7/5 on a scale of 0-10 with right greater than left pain. The medical management physician has changed her to Oxymorphone for pain. Her pain management evaluation of her response to the Oxymorphone for pain is that she can now participate in homemaking, interacting and talking more with her family. Her sedation has decreased since initiation of the medication. The onset of pain relief is 20 minutes. She receives 35 percent relief lasting four hours with mild sedation for 30 minutes. Her activities of daily living have improved, there are no aberrant behaviors, and no adverse side effects noted. Notes indicate that the patient has undergone state database queries and urine drug screens, which have been consistent. A request for authorization was made for the following: 1. Opana ER 15mg #60 with 1 refill; 2. Oxymorphone 5 mg #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER 15mg #60 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, ongoing management. Decision based on Non- MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG- TWC) Pain, Opioids for chronic pain; Opioids, long-term assessment, updated 06/15/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Opana ER 15mg #60 with 1 refill, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. The dose is currently being titrated, which explains the reason for changing prescribed strengths of the medication. In light of the above, the currently requested Opana ER 15mg #60 with 1 refill is medically necessary.