

<b>Case Number:</b>	CM15-0125881		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/07/1999
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Texas, Illinois

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 56 year old male injured worker suffered an industrial injury on 4-7-1999. The diagnoses included chronic lumbar radiculopathy. The treatment has included medications. On 3-26-2015 the treating provider did not include a comprehensive physical exam. It was not clear if the injured worker had returned to work. The requested treatments included (2) prescriptions for Opana ER 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) prescriptions for Opana ER 20mg, #60 between 3/26/15 and 8/8/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Opana®.

**Decision rationale:** The injured worker sustained a work related injury on 4-7-1999. The medical records provided indicate the diagnosis of 4-7-1999. The diagnoses included chronic

lumbar radiculopathy, and the injured worker is being treated with medications. The medical records provided for review do not indicate a medical necessity for Two (2) prescriptions for Opana ER 20mg, #60 between 3/26/15 and 8/8/2015. The Official Disability Guidelines states that due to issues of abuse and Black Box FDA warnings, Oxymorphone (Opana), is recommended as second line therapy for long acting opioids. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate he has been on opioids at least since 2013. Although the records indicate improvement in activities of daily living, the records indicate he has opiate induced bowel dysfunction. Additionally, Opana is a second line opioids.