

<b>Case Number:</b>	CM15-0062095		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/24/2005
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 57 year old woman sustained an industrial injury on 10/24/2005. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 9/29/2014. Diagnoses include increasing low back and bilateral lower extremity pain, cervical spine sprain/strain, and left shoulder rotator cuff impingement syndrome with partial thickness tear. Treatment has included oral medications and surgical intervention. Physician notes, from pain management, dated 10/9/2014 show difficulty getting to appointments due to transportation, shoulder and low back pain with bilateral groin pain that radiates down both legs to the feet and numbness and tingling to the bilateral lower extremities. There was positive straight leg raising test and tenderness to palpation of the lumbar paraspinal muscles. The medications listed are Ambien, Ainz, Opana IR, pantoprazole, Trazodone, Amitiza and Wellbutrin. The recent UDS dated 10/9/2014 was inconsistent with the absence of prescribed trazodone. Recommendations include Avinza, Opana, Wellbutrin, Amitiza, trazadone, omeprazole, transportation to medical appointments, random urine drug screening and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana IR (immediate release) 10 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedative agents. The records indicate that the patient is utilizing high dose opioids and multiple sedative medications concurrently. There is no documentation of failure of non opioid anticonvulsant and antidepressant co-analgesic medications that is effective for the treatment of radiculopathy. There is no documentation of compliance monitoring of CURES data records, absence of aberrant behavior and functional restoration. The documented UDS was inconsistent with non detection of prescribed trazodone. The utilization of 90 doses per month of an opioid medication exceeded the frequency for the requirement to treat breakthrough pain. There is a need for opioid rotation and modification of the extended release regimen. The criteria for the use of Opana IR 20mg #90 was not met. Therefore, the request is not medically necessary.