

<b>Case Number:</b>	CM15-0068594		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/18/2003
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 40-year-old female sustained an industrial injury to the right knee, low back and ankle on 12/18/03. Previous treatment included magnetic resonance imaging, left knee arthroscopy times two, physical therapy, psychiatric care, knee and ankle braces, injections, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 3/2/15, the injured worker complained of low back pain with radiation to the hips, bilateral knee pain and right ankle pain rated 3-4/10 on the visual analog scale. The injured worker also complained of weight gain and gastroesophageal reflux disease symptoms. Magnetic resonance imaging (2/4/15) of the lumbar spine showed a loss of disc hydration signals at L4, L5 and S1 with no significant disc protrusions or stenosis. Current diagnoses included bilateral lumbar spine sprain/strain, rule out internal derangement of hips versus radiculopathy, bilateral knee sprain/strain, gastric reflux, irritable bowel syndrome, depression, weight gain and right ankle pain. The treatment plan included follow-up with pain management, continuing with psychiatric care, orthopedic evaluation for Visco supplementation injections, a weight loss program, continuing bilateral knee braces and right ankle brace, continuing transcutaneous electrical nerve stimulator unit and continuing medications (Opana, Naproxen Sodium, Lidoderm patch, Omeprazole, Effexor and Voltaren gel).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OPANA TAB 10MG #5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Opana is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” There is no clear evidence of objective and recent functional and pain improvement with previous use of high Opioid that justify continuing Opana. There is no clear documentation of the efficacy/safety of previous use of Opioid. There is no clear justification for the need to continue the use of Opana on the prn basic as per the actual request. Therefore, the prescription of OPANA TAB 10MG #5 is not medically necessary.