

<b>Case Number:</b>	CM15-0070028		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker (IW) is a 34 year old female who sustained an industrial injury on 05/11/2010. She reported pain in the right leg. The injured worker was diagnosed as having a right peroneal tendon tear and subsequent CRPS (chronic regional pain syndrome) of the right ankle that escalated to the leg, thigh, buttock, and low back. The pain is 10/10 in severity and occurs constantly. Treatment to date has included oral medications of Amitriptyline, Neurontin, Lunesta, and Opana. She also has had Toradol injections over the posterior cutaneous nerve branch, lateral femoral cutaneous nerve, and posterior cutaneous branches of the right L3 to S3 level. Currently, the injured worker complains of pain in the right leg, right ankle up to the calf, thigh, buttocks and low back region. Requests for authorization for Opana and Imipramine are submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana 10mg po BID #60:** Upheld

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

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

**Decision rationale:** Guidelines recommend for patients on opioids ongoing monitoring for efficacy, side effects, functional improvement, and signs of aberrant drug use. In this case, the patient is scheduled to undergo weaning from Opana and this process should continue. The request for Opana 10 mg #60 is not medically appropriate and necessary.