

<b>Case Number:</b>	CM15-0078202		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/14/1998
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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

### 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 was a 65 year old female, who sustained an industrial injury, December 14, 1998. The injured worker previously received the following treatments Baclofen, Lexapro, Norco, Opana, Soma and Lidoderm Patches. The injured worker was diagnosed with GERD, lumbar degenerative disc disease, severe arthritis, degeneration of lumbar or lumbosacral intervertebral disc, myalgia and myositis, chronic pain syndrome, adjustment disorder with depressed mood, thoracic or lumbosacral neuritis or radiculitis, muscles spasms, drug induced constipation, lumbago, lumbar facet joint pain, sacroilitis and insomnia. According to progress note of March 24, 2015, the injured workers chief complaint was chronic low back pain. The pain was 3-7 out of 10 with pain medication and 10 out of 10 without pain medication. The pain was described as stabbing, throbbing radicular pain was intermittent. The injured worker reported benefit of chronic pain medication maintenance regimen; activity restriction and rest continue to keep pain within a manageable level to allow the injured worker to complete necessary activities of daily living. The injured worker was able to manage household chores, shopping and walking for about an hour and a half, before the injured worker needing rest. The physical exam noted there was no longer severe tenderness with palpation over lumbosacral spine and buttocks. The straight leg raises were negative. The injured worker was unable to extend due to potential for severe pain and spasms, lateral bending was 10% restriction on the right and left side was 30% restricted. The treatment plan included a prescription for oxymorphone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxymorphone 40 mg ER #60 no refills RX date 3/25/15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for OXYMORPHONE 40MG ER #60 NO REFILLS. Per 03/24/15 progress report, the patient is currently taking Norco, Opana, Lexapro and asthma inhaler. Pain level is 10/10 without medication and 3-7/10 with medication. Patient reports that the benefit of chronic pain medication maintenance regiment, activity restriction and rest continue to keep pain within a manageable level to allow patient to complete necessary activities of daily living." The patient has been utilizing Opana since at least 10/28/14. Work statue is unknown. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater documents analgesia with pain going from 10/10 to 3-7/10 and a general statement, stating, "Patient reports that the benefit of chronic pain medication maintenance regiment." But the treater does not address all 4 As as required by MTUS guidelines. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Urine drug screen is not mentioned either. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.