

**Notice of Independent Medical Review Determination**

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	8/4/2005
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010138

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Opana ER 5mg** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Opana ER 5mg** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia Pain Management, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The client is a 44-year-old presenting with chronic low back pain following a work related injury on 6/26/2013. The client localizes pain to the back, right knee, left leg and foot. The pain is constant and associated with pins, needles, numbness and cold sensation. The patient has tried physical therapy, chiropractor therapy, injections and medications. The client reported and addiction to medications. The patient's physical exam was significant for bilateral paravertebral muscle tenderness, and tenderness over the sacroiliac joint as well as decreased motor strength on the right hip flexors, left knee flexors and extensors, and diminished pin prick diffusely over the left lower extremity. The patient was diagnosed with chronic pain syndrome status post back surgery, and left lumbar facet arthropathy. The patient is requesting coverage for Opana ER 5mg.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Opana ER 5mg:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS guidelines regarding opioids for chronic pain and MTUS guidelines regarding Opana.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 77-80, which are part of the MTUS.

Rationale for the Decision:

Page 79 of MTUS Chronic Pain guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The employee's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy, and the employee continued to report pain. Per MTUS guidelines, a patient who receives long-term opioids is at risk for Opioid Hyperalgesia and other adverse outcomes. **The request for Opana ER 5mg is not medically necessary or appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.