

Case Number:	CM13-0027969		
Date Assigned:	11/22/2013	Date of Injury:	09/04/2000
Decision Date:	01/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54year old female injured worker with date of injury 9/4/00 and diagnosis of lumbar degenerative joint disease, lumbar radiculitis, chronic pain, disc displacement (site unspecified) without myelopathy, status post right carpal tunnel surgery (11/27/01), s/p left carpal tunnel surgery and release of left trigger finger, thumb, middle and little fingers (2/7/02), neck pain r/t sprain/strain. Diagnosis unrelated to industrial injury includes obesity, diabetes, hypertension, and dyslipidemia. MRI performed 4/27/04 revealed evidence of moderate central disc protrusion at L4-L5 and small disc protrusion laterally at the right at L3-L4. Her treatment history includes physical therapy, aqua therapy, medications, spinal cord stimulator (12/10/04, since removed), group psychotherapy, and individual psychotherapy which have improved her mood and affect. Lumbar epidural steroid injections performed provided no benefit. Date of UR decision was 8/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Classifications. Page(s): 56,74-75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." There is a lack of documentation in the medical records to support the medical necessity of Kadian nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation of such efforts in the records available for my review. The request is not medically necessary.