

Case Number:	CM13-0030968		
Date Assigned:	12/04/2013	Date of Injury:	01/10/2001
Decision Date:	02/04/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in Ohio and Texas. 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:

The patient is a 63-year-old female who reported an injury on 01/11/2001 from a fall. The patient's diagnoses were noted to include fibromyalgia, cervical sprain, lumbar radiculopathy, lumbar sprain, depression/anxiety, and right ankle pain. The patient's symptoms are noted to include pain in her neck, mid and low back, radiating pain in to her bilateral upper and lower extremities, and right ankle pain. Her medications are noted to include Kadian 60 mg 5 times a day, oxycodone 30 mg every 6 hours, Zanaflex 4 to 8 mg every 6 hours as needed, and Lidoderm patches apply 3 patches for 12 hours every day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 60mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids-Criteria for Use. Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Opioid dosing Page(s): 78, 86.

Decision rationale: The California MTUS Guidelines state that for patients taking opioid medications, ongoing review and detailed documentation of the patient's pain relief, functional

status, appropriate medication use, and the 4 A's for ongoing monitoring is required. The 4 A's are noted to include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review failed to include information regarding the 4 A's for ongoing monitoring and details of the patient's pain relief on her opioid medications, as well as her functional status. Additionally, the guidelines recommend that the dosing of opioid medications not exceed 120 oral morphine equivalents per day. With the patient's combined medications, she is noted to be taking 480 mg oral morphine equivalents per day. As this dosing far exceeds the guideline recommendations, and the detailed documentation required for the ongoing management of patients taking opioid medications was not provided, the request is not supported.

Oxycodone 30mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use. Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Opioids, dosing Page(s): 78, 86.

Decision rationale: The California MTUS Guidelines state that for patients taking opioid medications, ongoing review and detailed documentation of the patient's pain relief, functional status, appropriate medication use, and the 4 A's for ongoing monitoring is required. The 4 A's are noted to include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review failed to include information regarding the 4 A's for ongoing monitoring and details of the patient's pain relief on her opioid medications, as well as her functional status. Additionally, the guidelines recommend that the dosing of opioid medications not exceed 120 oral morphine equivalents per day. With the patient's combined medications, she is noted to be taking 480 mg oral morphine equivalents per day. As this dosing far exceeds the guideline recommendations, and the detailed documentation required for the ongoing management of patients taking opioid medications was not provided, the request is not supported.