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| Case Number: | CM13-0040001 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 06/17/1991 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 61 year old male presenting with bilateral shoulder pain following a work related injury on 6/17/1991. The claimant's complains of bilateral shoulder pain that is a 7/10 without medications and a 4 to 5 out of 10 with medications. The physical exam was significant for limited range of motion of both shoulders with flexion of only 290 degrees bilaterally, some weakness in the proximal shoulder musculature. The claimant was diagnosed with rotator cuff tear, and chronic pain. His medications include Kadian, Naproxen, Soma and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg (#60): 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 Opioids Page(s): 79.

Decision rationale: Kadian is not medically necessary. Per MTUS page 79, opioids for chronic pain is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS 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 claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. The claimant has long-term use with this medication, with possible non-adherence given an inappropriate urine drug screen and there was a lack of improved function or return to work with this opioid; therefore Kadian is not medically necessary.