

Case Number:	CM13-0051884		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2009
Decision Date:	05/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in 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 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 has filed a claim for cervical post-laminectomy syndrome associated with an industrial injury of September 23, 2009. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, Keppra, Senokot, physical therapy, home exercises, heat and ice treatment, massage therapy, TENS, and epidural steroid injections. Patient is status post cervical fusion surgeries in July 2010 and March 2012. Current medications include Norco 10/325mg, Kadian 20mg, Senokot 8.6mg, and Celebrex 200mg. Review of progress notes report cervical and thoracic spine pain with bilateral shoulder pain. There are associated headaches and sleep difficulties. Findings include tenderness and spasms over the cervical area with limited range of motion. CT myelogram of the cervical spine showed satisfactory post-fusion changes with mild to moderate residual neuroforaminal encroachment due to osteophytes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has been on this medication since at least June 2012. In this case, there is no documentation regarding periodic urine drug screening, and no documentation regarding symptomatic or functional benefits derived from this medication. There is authorization for #75 dated November 01, 2013 to initiate a weaning process. Therefore, the request for Norco 10/325mg #90 is not medically necessary per the guideline recommendations of MTUS.

KADIAN 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Kadian.

Decision rationale: Kadian is extended-release morphine. As noted in the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to ODG, Kadian is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics, and a trial of generic extended-release morphine (equivalent to MS Contin). It is not recommended as a first-line opioid. The patient has been on this medication since October 2013. There is no documentation regarding trial and failure of generic extended-release morphine in this patient. There is also no indication of symptomatic or functional benefits derived from the addition of this medication in the patient's medication regimen. Therefore, the request for Kadian 20mg was not medically necessary per the guideline recommendations of MTUS and ODG.