

Case Number:	CM13-0053192		
Date Assigned:	01/15/2014	Date of Injury:	01/10/2002
Decision Date:	04/23/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Medicine, 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:

This injured worker's date of injury was January 10, 2012. The patient's treating physician is treating her for chronic neck pain and low back pain, neuropathic pain, and opioid dependence. She has been evaluated and treated by a pain management specialist in the past. The treating physician's note of 11/11/13 states on the current dosages of her current medications she is able to perform her activities of daily living. On exam there was limited range of motion in her lumbar and cervical spine. There was muscle tenderness in her neck and trapezes muscles. The request is for refills of Norco, Kadian, and dextroamphetamine.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 60 MG, 60 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83.

Decision rationale: This injured worker has chronic neck and low back pain plus neuropathic pain. She has chronic opioid dependence. Kadian is a long acting form of the opioid, morphine sulfate. The treating physician has not documented the analgesic benefit of the opioids in a

measurable way, nor any urine drug screens. These data are all requirements to assess the effectiveness of chronic opioid therapy. There are no clinical trials for treating chronic neuropathic pain with longterm opioid therapy. Opioids are indicated in treating low back pain for the short term. Opioids are not recommended as first line agents with neuropathic pain. In cases of lumbar root pain, treatment with morphine was the least effective medication compared to a placebo. The request for Kadian 60 mg, 60 count, is not medically necessary or appropriate.

NORCO 10/325 MG, 240 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83.

Decision rationale: This injured worker has chronic neck and low back pain plus neuropathic pain. She has chronic opioid dependence. Norco 10-325 is a pill containing 325mg of acetaminophen and 10 mg of the opioid hydrocodone. The requested dose and number of pills contains enough for 8 tablets daily for one month. Given the Kadian 60 mg twice a day and the 80 mg of hydrocodone a day, these doses represent a level of opioid dose far above the recommended daily morphine equivalent dose. The treating physician has not documented the analgesic benefit of the opioids in a measurable way, nor any urine drug screens. These data are all requirements to assess the effectiveness of chronic opioid therapy. There are no clinical trials for treating chronic neuropathic pain with longterm opioid therapy. Opioids are indicated in treating low back pain for the short term. Opioids are not recommended as first line agents with neuropathic pain. In cases of lumbar root pain, treatment with morphine was the least effective medication compared to a placebo. The request for Norco 10/325 mg, 240 count, is not medically necessary.

DEXTROAMPHETAMINE 5 MG, 90 COUNT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Dextroamphetamine in Narcolepsy, Attention Deficit Disorder, accessed online.

Decision rationale: This injured worker has chronic neck and low back pain plus neuropathic pain. The patient has chronic opioid dependence. The treating physician has requested a refill of dextroamphetamine 5 mg, 90 count. Her daily dose is 5 mg three times a day. Dextroamphetamine is medically indicated for the treatment of Attention Deficit Disorder and Narcolepsy, when used in a carefully monitored clinical setting. This is a highly addictive and abusable medication. It may cause serious adverse outcomes. The treating physician has not documented the indication for this patient, nor has he documented any objective evaluation and testing of its efficacy, nor any screening for its potential hazards, such as effects on the

cardiovascular system, such as cardiac rhythm disorders or raising the likelihood of coronary events from underlying coronary heart disease. The request for Dextroamphetamine 5 mg, 90 count, is not medically necessary or appropriate.