MAXIMUS Federal Services

Case Number:	CM13-0061290		
Date Assigned:	12/30/2013	Date of Injury:	11/24/1998
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in 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 61 year old female who reported injury on 11/24/1998. The mechanism of injury was not provided. The patient's medication history was noted to include Kadian, Dilaudid, Ativan, Savella, Atenolol, levothyroxine, Maxzide, Nuvigil, Ambien, Nexium, Cymbalta, Voltaren gel, pancreas M+16, and Flector patches as of 03/2013. The patient's diagnoses were noted to include GERD/dyspepsia with gastro paresis, post-traumatic left lower extremity neuropathy, fibromyalgia, cervical spine disease with foraminal stenosis, mid low back pain chronic, chronic pancreatitis, bilateral TMJ dysfunction, mixed headaches, dyslipidemia, depression with anxiety, constipation and xerostomia medication related, urinary incontinence, some fecal incontinence, prediabetes, and insomnia. The request was made for cannabis (sativa type), levothyroxine, Kadian, and other medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 50mg capsule #150, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic; ongoing management Page(s): 60; 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been on the medication since 03/2013. There was a lack of documentation an objective improvement in function, objective decrease in the VAS score, and evidence the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for Kadian 50mg capsule #150, 30 day supply is not medically necessary.