

Case Number:	CM14-0101027		
Date Assigned:	07/30/2014	Date of Injury:	05/18/2005
Decision Date:	09/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 38-year-old male who reported an injury on 05/18/2005. The mechanism of injury was not provided. On 05/20/2014, the injured worker presented with ongoing pain in the right anterior shoulder. Upon examination of the right shoulder, there was a positive Hawkins and Neer's tests. There was positive tenderness to palpation. The AC (Acromioclavicular, biceps and the neurovascular exam was intact. The diagnoses were right shoulder impingement. A current medication list was not provided. The provider recommended Kadian 30 mg with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg capsule #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of

pain relief, functional status; appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks or aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of Kadian has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request of Kadian 30mg capsule #60 is not medically necessary and appropriate.