

Case Number:	CM14-0014840		
Date Assigned:	06/20/2014	Date of Injury:	05/08/2001
Decision Date:	08/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/05/2014

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 and 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 67-year-old female who reported an injury on 05/08/2001. The mechanism of injury was not provided for clinical review. The diagnoses include history of right foot metatarsal fracture, lumbar degenerative disc disease, history of 2 spinal cord stimulator implants, history of knee internal derangement, history of left knee patella fracture, tendinitis bilateral shoulders secondary to use of crutches and canes. Previous treatments include spinal cord stimulator, medication, epidural steroid injections. The clinical note dated 04/15/2014 reported the injured worker stated she was admitted to a detox center. The injured worker reported she continued to be symptomatic with multiple pain complaints. She reported chronic right shoulder pain, right lower extremity shooting and burning pain, and left shoulder pain. The injured worker rated her pain 8/10 with medications and 10/10 without medications. The injured worker reported discontinuing the use of Kadian and has reduced the use of Norco. Upon the physical examination the provider noted the injured worker had restricted range of motion of both shoulders and upper extremities. She had tenderness to palpation over the right distal radius. The injured worker had persistent chronic tenderness over the upper thoracic spine radiating to the left chest wall. The provider noted the injured worker had bilateral paraspinal tenderness at the lumbosacral junction with mild to moderate palpable muscle spasms. The provider requested Kadian. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 20MG #60MG BID TO ALLOW THE PATIENT THIS ONE REFILL OF KADIAN 20MG #60 FOR THE PURPOSE OF WEANING TO DISCONTINUE, WITH A REDUCTION OF MED BY 10% PER MONTH OVER A WEANING PERIOD OF 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA DWC MTUS Chronic Pain Medical Treatment Guidelines: When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications, criteria for use, On-Going Management Page(s): 78, 124.

Decision rationale: The request for Kadian 20 mg #60 twice a day to allow the patient this 1 refill of Kadian 20 mg #60 for the purpose of weaning to discontinue, with a reduction of med by 10% per month over a weaning period of 3 months. The injured worker complained of chronic right shoulder pain, right lower extremity shooting and burning pain, and left shoulder pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The guidelines note weaning of medications is recommended for opioids, a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidities, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Patients with complex conditions with multiple comorbidities including psych disorders should be referred to an addiction medicine psychiatry specialist. Guidelines note tapering should be individualized for each patient. Opioid weaning should include the following: Start with a complete evaluation and treatment of comorbidity, psychological condition, clear written instructions should be given to the patient and family. If the patient cannot tolerate the taper refer her to an expert, pain specialist, substance abuse specialist. Taper by 20% to 50% per week of the original dose for patients who are not addicted. The patients need 20% of the previous day's dose to prevent withdrawals. A slower suggested taper is 10% every day, 2 to 4 weeks, slowing the reduction to 5% once a dose of 1/3 of the initial dose is reached. Clinical documentation submitted indicated the injured worker had discontinued the use of Kadian. The provider's rationale for the request was not provided. There is lack of clinical documentation indicating the medical necessity for the request. Therefore, the request is non-certified.