

Case Number:	CM14-0015108		
Date Assigned:	02/28/2014	Date of Injury:	05/10/1999
Decision Date:	09/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 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 is a 57 year old female who sustained an industrial injury on 5/10/1999. The patient reports low back pain/stiffness rated 7/10 on average, and at best with medication decreases to 3-4/10. She takes Kadian 30mg x per day and dulcolax. She reports constipation for the last couple of weeks and benefits with dulcolax with improving constipation. Objective findings document she is alert, oriented and speech is coherent. Appears to indicate AROM moderately decreased in all ranges, tenderness of paraspinals and myospasms. Diagnoses are lumbar sprain/strain with bilateral lumbar radiculopathy, 3-4 mm disc bulge; s/p Achilles tendon graft 7/28/2000. No change to P&S status. Request refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DUCOLOX: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Regarding long-term opioid management, the guidelines recommend routine re-assessment should include documentation of any adverse effects with the medications, such as

constipation. There is no evidence that the patient follows a high fiber diet and increase water intake as means of self-regulating and maintain good bowel function. Furthermore, ongoing chronic use of opioids is not supported in this case. The medical necessity for a laxative is not established.

KADIAN 30MG TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77, 88.

Decision rationale: According to the MTUS Guidelines, long-acting opioids, also known as "controlled-release", "extended-release", "sustained-release" or "long-acting", are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. This patient has an industrial injury date of 1999, and has a primary diagnosis of lumbar sprain/strain. Although the medical records indicate the patient has been chronically maintained on the potent opioid, the minimal examination findings and diagnosis do not appear to support a medical necessity of this medication. The guidelines do not recommend opioid for long-term treatment of chronic non-malignant pain. Opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Furthermore, in the absence of clearly demonstrated effective pain relief and improved function, and need for around the clock pain control, the medical necessity of Kadian has not been established.