

<b>Case Number:</b>	CM14-0015363		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/13/1996
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice 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 55 year old male who sustained an injury on 09/13/96 when he slipped and fell placing chairs onto a truck. The injured worker has been followed for complaints of neck pain, migraine type headaches, and knee pain. The injured worker also has been followed for severe depression, chronic low back pain, and right shoulder pain. It is noted the injured worker did have a prior right shoulder decompression performed. As of 12/04/13, the injured worker reported ongoing neck, shoulder, knee, and back complaints at 8/10 on the VAS. The injured worker was utilizing Kadian 50mg twice daily for pain. The injured worker was receiving psychotropic medications to include Seroquel and Lexapro from a different physician. The injured worker also reported intermittent use of Valium for severe panic episodes as well as muscular spasms. The injured worker was utilizing Zanaflex as well for spasms. The injured worker was prescribed Lyrica to address neuropathic symptoms in the lower extremities. On physical examination, the injured worker demonstrated limited range of motion of the lumbar spine. Straight leg raise testing caused low back pain only. There was rigidity and spasms in the lumbar spine. Some valgus laxity on stress testing of the right knee was noted. There was limited range of motion in the cervical spine with associated spasms. Limited range of motion in the right shoulder was also noted. Follow up on 01/08/14 noted the injured worker continued to be seen by a psychologist for severe depression which was beneficial. Updated pain scores were not provided. Physical examination findings remained unchanged. The injured worker was continued on Kadian as this medication did improve the injured worker's overall functional ability. Kadian 50mg was denied by utilization review on 01/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KADIAN 50MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** Kadian is a version of Morphine Sulfate that is indicated after the failure of non-opioid analgesics or short acting opioid analgesics. It is equivalent to MS Contin and is not recommended as a 1st line opioid medication. Guidelines do recommend that the clinical documentation should note functional benefit and pain reduction achieved with the continuing use of a Morphine medication. The clinical documentation did not provide any specific quantifiable or measurable functional benefits obtained with the continued use of Kadian. The injured worker's overall pain reduction was unclear. Given the insufficient documentation regarding functional benefit and pain reduction obtained with the use of this medication and as the clinical documentation did not contain any recent toxicology results or long term opioid risk assessments for risk stratification regarding opioid misuse. The request is not medically necessary and appropriate.