

Case Number:	CM14-0112421		
Date Assigned:	08/01/2014	Date of Injury:	05/05/1995
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/18/2014

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 Nevada. 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 records, presented for review, indicate that this 58-year-old gentleman was reportedly injured on May 5, 1995. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 20, 2014, did not state the injured employee's current complaints. Current pain was stated to be 3/10. The physical examination is hand written and does not indicate any abnormal findings. There were a diagnoses of failed back surgery syndrome, sacral ileitis, bilateral shoulder pain, and depression. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine fusion. The injured employee was reported to be using a right leg brace. A request had been made for Kadian and morphine sulfate and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ninety (90) capsules of Kadian 100mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Kadian, Updated July 10, 2014.

Decision rationale: Kadian is an oral preparation of morphine. The Official Disability Guidelines recommends the use of Kadian only after the failure of non-opioid analgesics, short acting opioids, and after a trial of extended-release morphine. The injured employee has already stated to be taking morphine sulfate 30 mg. Additionally, there is no documentation regarding improved pain and function with the use of this medication. For these reasons, this request for Kadian is not medically necessary.

One hundred fifty (150) tablets of morphine sulfate 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Pages 74, 75, 78, 93 of 127 Page(s): 74, 75, 78, 93 of 127.

Decision rationale: The California MTUS Guidelines support the use of opiates in the management of moderate to severe pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for morphine sulfate is not medically necessary.