

Case Number:	CM14-0138527		
Date Assigned:	09/05/2014	Date of Injury:	03/01/2008
Decision Date:	09/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old male with a work injury dated 3/1/08. The diagnoses include cervicalgia; left medial and lateral epicondylitis; bilateral carpal tunnel syndrome; bilateral ulnar nerve impingement; low back pain; thoracic pain; thoracic degenerative disc disease; cervical radiculitis; cervical degenerative disc disease; ulnar neuropathy, shoulder pain, chronic pain syndrome; history of left ulnar nerve transposition on 11/26/12; history of left shoulder surgery, 03/30/11; right shoulder surgery on 09/21/11; status post bilateral carpal tunnel surgery in 2009. Under consideration is a request for Kadian 30 mg #60 prescribed on 8-6-14. There is a primary treating physician report dated 8/6/14 that states that the patient presents for his upper extremity pain. He states he is having a lot of pain in the hands and in the elbows, left side is worse than right and he gets some numbness and tingling in his hands when he is working on the computer. He states he has been doing better with the Kadian without the Percocet. Pain levels are down to about 6/10 with meds for the neck but 7-8/10 for his elbows with meds, about 10/10 without. Currently, the Kadian is beneficial without side effects. He states his pain is worse with sitting, standing, walking, bending, lifting, lying down and decreased with medication and injections. On examination of upper extremities, he has a fairly significant tenderness of the left medial epicondyle, less so on the right. Grip strength is decreased more so on the left. Sensation is decreased slightly on the medial and lateral aspects of the upper arms. Negative Tinel's at the wrist. Upper extremity strength is 4+/5 bilaterally. Reflexes are 1+ of the upper extremities bilaterally. He states he got greater than 50% relief for over five months; He is doing better on the Kadian. He is currently on 30 mg q.12h, and he is doing better on this than with the lower dose of Kadian and the Percocet. His urine toxicology screen on 07/16/14 was consistent. There is a request to authorize Kadian 30 mg #60 q 12h. There is an opioid agreement in place. The

clinical history, physical exam, and imaging and diagnostic studies suggest that his pain is a combination of nociceptive pain and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30 mg #60 prescribed on 8-6-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: The request for Kadian 30 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has taken opioids since Dec. 2013. The documentation submitted does not reveal functional improvement while on Kadian. Prior utilization reviews have recommended weaning. The MTUS guidelines state to "discontinue opioids if there is no overall improvement in function and pain." The request for Kadian 30 mg #60 prescribed on 8-6-14 is not medically necessary.