

Case Number:	CM14-0155568		
Date Assigned:	09/25/2014	Date of Injury:	07/15/1988
Decision Date:	12/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old female with a 7/15/88 date of injury. At the time (9/4/14) of request for authorization for Kadian 100 mg #60 and Oxycodone 30 mg #150, there is documentation of subjective (severe back pain, pain radiating to the right leg) and objective (limited lumbar range of motion, altered sensory loss to light touch and pinprick at the right lateral calf and bottom of foot) findings, current diagnoses (history of lumbar sprain/strain with lumbar degeneration joint disease with facet arthrosis, non-industrial recent mastectomy right breast diagnosed with breast cancer), and treatment to date (medications (including ongoing use of Kadian and Oxycodone since at least 5/14)). 8/18/14 medical report identifies 50% reduction in pain and 50% functional improvement with pain medications. In addition, 8/18/14 medical report identifies that the patient is on the very lowest narcotic dose to maintain level of function and that patient is under narcotic contract, and urine drug screens have been appropriate. Regarding the requested Kadian 100 mg #60, there is no documentation of failure of non-opioid analgesics, short-acting opioid analgesics and a trial of generic extended-release morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate), Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Kadian (morphine sulfate)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled, extended and sustained release preparations of Morphine Sulphate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Kadian (Morphine Sulfate). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Kadian is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin). Within the medical information available for review, there is documentation of diagnoses of history of lumbar sprain/strain with lumbar degeneration joint disease with facet arthrosis, non-industrial recent mastectomy right breast diagnosed with breast cancer. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of 50% reduction in pain and 50% functional improvement with pain medications, there is documentation of functional benefit or improvement as a result of Kadian use to date. However, there is no documentation of failure of non-opioid analgesics, short-acting opioid analgesics and a trial of generic extended-release morphine. Therefore, based on guidelines and a review of the evidence, the request for Kadian 100mg, #60 is not medically necessary.

Oxycodone 30mg, #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Criteria for use Page(s): 76-80, 91-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is

documentation of diagnoses of history of lumbar sprain/strain with lumbar degeneration joint disease with facet arthrosis, non-industrial recent mastectomy right breast diagnosed with breast cancer. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of 50% reduction in pain and 50% functional improvement with pain medications, there is documentation of functional benefit or improvement as a result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 30mg, #150 is medically necessary.