

<b>Case Number:</b>	CM14-0167026		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	09/30/1999
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Occupational Medicine 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:

Patient is a 51 year-old male with date of injury 09/30/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/05/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed very limited range of motion in all planes. Mild tenderness to palpation across the neck, non-specifically. Performing range of motion with his neck caused significant discomfort. Examination of the lumbar spine revealed mild tenderness to palpation across the back. Intact anterior midline surgical scar. Very limited range of motion in flexion, extension, lateral flexion, and rotation. Diagnosis: 1. Chronic neck pain 2. Status post anterior cervical discectomy C6-7 with bilateral foraminotomy, interbody fusion 3. Chronic lower back pain 4. Status post L4-5 fused disc and L5-S1 fusion. The medical records supplied for review document that the patient was first prescribed the following medication on 04/18/2014. Medications: 1. Kadian 40mg, #30: SIG: QD

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Kadian 40mg #30: 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 Page(s): 60.

**Decision rationale:** Kadian is extended-release morphine sulfate. The patient is also taking Percocet. According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. Kadian 40mg #30 is not medically necessary.