

Case Number:	CM14-0168810		
Date Assigned:	11/12/2014	Date of Injury:	02/12/2003
Decision Date:	12/26/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 57-year-old patient who sustained a work-related injury on February 12, 2003. Subsequently, the patient developed chronic low back pain. The patient underwent L4-S1 interbody fusion on February 17, 2006. The patient has participated in physical therapy and has used an H-wave unit, which has been beneficial. The patient also participated in aquatic physical therapy treatments with improvement in pain, range of motion, and strength. According to a progress report dated November 4, 2014, the patient remained symptomatic with nociceptive somatic low back pain as well as neuropathic pain in both lower extremities. He described hot electrical burning pain radiating into primarily the left lower extremity. The patient rated his pain as a 5/10 with medication and a 10/10 without medication. Examination of the lumbar spine revealed tenderness to palpation from L2-S1 and mild paraspinous muscular tenderness with 1+ spasm, lumbar range of motion: flexion 15 degrees, extension 15 degrees, right lateral flexion 15 degrees, and left lateral flexion 15 degrees. The patient had a positive straight leg raise exam on the left at 50 degrees. Sensory exam revealed hypesthesia in the left L5 and S1 dermatomes. The patient was diagnosed with chronic and persistent low back pain, hypertension, headaches, bilateral carpal tunnel syndrome, and severe depression. The provider requested authorization for Kadian.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: Kadian is a brand of morphine sulfate. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.Despite the continuous use of Kadian, there is no documentation of functional improvement and reduction in pain. There is no recent and continuous documentation of compliance of the patient with his medications. There is no recent documentation of failure of first line pain medications to manage the patient pain. Therefore, the prescription of Kadian is not medically necessary.