

<b>Case Number:</b>	CM14-0181289		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	01/17/2008
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Family 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:

Per the Psychological Consultation Report dated 04/30/14, the injured worker is a 63-year old who was a former hospital security guard who sustained an industrial injury to his right shoulder, left knee, and back on 01/17/08. He reported his current medications to include Orphenadrine; oxycodone 15 mg, three times daily; Cymbalta 60 mg; Metoprolol 25 mg, twice daily; omeprazole 20 mg, twice daily; aspirin 81 mg, once daily; and a stool softener 100 mg, twice daily. His physical complaints he reported at an average of '8' of chronic pain to the right shoulder, left knee, and back. Per the primary treating physician's progress report, upon examination revealed palpation of the lumbar facet pain on both sides at L3-S1 region. There is pain noted over the lumbar intervertebral spaces (discs) on palpation. Anterior flexion of lumbar spine is noted to be 60 degrees. Anterior lumbar flexion causes pain and pain was noted with lumbar extension. Bilateral flexion causes pain. Bilateral knees were tender to palpation and swelling was noted to the left knee. He had decreased strength in bilateral extensors and flexors, and decreased sensation noted to bilateral thighs. Diagnoses were chronic pain syndrome, lower leg joint pain, acute knee pain, lumbar disc displacement, degenerative lumbar/lumbosacral intervertebral disc, and lumbar back pain. Medication regime changed to discontinue Ultram ER and add Kadian 20 mg twice per day at office visit dated 09/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 20mg, (2 times per day) #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Kadian, per ODG website

**Decision rationale:** In regards to Kadian, guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, certification of the requested medication is not recommended.