

Case Number:	CM14-0021786		
Date Assigned:	05/09/2014	Date of Injury:	10/24/2005
Decision Date:	07/09/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old with an injury date on 10/24/05. Based on the 11/4/13 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar Back Pain. 2. Lumbar Degenerative Disc Disease. 3. Myofascial Pain Syndrome. Exam on 11/4/13 showed patient "sits comfortably on exam table with good posture. Has antalgic gait with single-point cane. Transfers are smooth. BP 147/93. Pulse is 90. Pain score 9/10. Oswestry score is 44%." [REDACTED] is requesting Kadian 20mg #60. The utilization review determination being challenged is dated 1/29/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/10/13 to 11/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 20MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with persistent low back and lower extremity pain. The treating physician has asked Kadian 20mg #60 on 8/8/13. Patient has been taking Kadian and Hydrocodone since at least 5/26/11 per 1/6/14 report. On 9/10/13, patient reports decreasing analgesic response to Kadian. Patient recently attempted independent effort to reduce Kadian and Hydrocodone only to find pain worsened and development of withdrawal symptoms per 9/10/13 report. On 10/29/13, patient ran out of Kadian, and treating physician cautioned about suddenly discontinuing Kadian and resultant clinical withdrawal syndrome. On 11/14/13, patient denies abuse or side effects, and medications are needed for analgesia and activities of daily living. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. In this case, patient has attempted discontinuation of Kadian but is experiencing withdrawal symptoms. The treating physician has asked for Kadian 20mg #60 and provides accurate pain assessment and the 4 A's for monitoring opioids. The request is medically necessary and appropriate.