MAXIMUS Federal Services

Case Number:	CM14-0029006		
Date Assigned:	06/16/2014	Date of Injury:	12/03/2001
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal 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:

The patient is an injured worker with chronic cervical pain. Date of injury was 12/03/2001. Primary treating physician's progress report (PR-2) 09/26/2013 was provided. History of present illness: The patient is followed for complaints of chronic, severe cervical pain due to degenerative joint and disc disease with history of complex regional pain syndrome type of the bilateral upper extremities. Per the patient, the accepted body part for this claim is her neck. Current medications included Kadian 200 mg XR 24h-cap (Morphine) two po BID prn pain, Oxycontin 60 mg XR 12h-tab (Oxycodone) 2 po bid prn pain, Adderall 20 mg tab (Amphetamine-Dextroamphetamine) 1 po bid prn, Diclofenac. Spinal cord stimulation (SCS) implant was placed 2010. Diagnoses: Cervical radiculopathy; Degeneration of cervical intervertebral disc; Left hand tendinitis; Right wrist tendinitis; History of bilateral carpal tunnel release. Treatment plan included renewal of Kadian 200 mg XR 24h-cap two po BID prn pain, Oxycontin 60 mg XR 12h-tab 2 po BID prn pain, Adderall 20 mg tabs 1 po BID prn, Diclofenac CR 100 mg XR 24h-tab 1 po of once per day prn inflammation. Utilization review dated 02/18/2014 provided a case summary. Patient underwent permanent pump implantation on 12/3/13. Patient has an intrathecal therapy (ITT) pain pump. The provider plans to use Dilaudid and Kadian in the patient's ITT pump. A medication review was conducted on April 3, 2013. Adderall was prescribed because the patient had narcolepsy due to taking so much opioids. It was noted by the reviewer that narcolepsy is a strong indicator that the opioids are excessive and should be weaned and that the Adderall should be weaned and discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 200 MG XR (MORPHINE SULFATE) 2 TWICE DAILY AS NEEDED FOR PAIN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate), Oral morphine, On-Going Management Page(s): 56, 93, 96, 78, 79.

Decision rationale: Medical records document that the patient has narcolepsy due to opioids. Adderall was prescribed for the patient's opioid associated narcolepsy. Adderall is a formulation of amphetamine and dextroamphetamine. Narcolepsy is an adverse effect of the opioids. MTUS guidelines and medical records do not support the use of Kadian. FDA Prescribing Information reports that Kadian is not for use as an as-needed (prn) analgesic. The request was for Kadian as-needed (prn), which is not supported by FDA guidelines. FDA guidelines do not support the use of Kadian as an as-needed (prn) medication. Therefore, the request for Kadian 200 mg XR (Morphine Sulfate) (2) twice daily as needed for pain #120 is not medically necessary.