

Case Number:	CM14-0032255		
Date Assigned:	04/09/2014	Date of Injury:	10/21/2002
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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:

The patient has submitted a claim for lumbar facet joint hypertrophy and arthropathy and stenosis associated with an industrial injury on October 21, 2002. Treatment to date includes oral and topical analgesics, muscle relaxant, aquatic physical therapy, TENS and lumbar surgery. Utilization review dated January 26, 2014 denied request for Kadian 50mg 1 tab PO qAM #30 because prescribed dose is equivalent to 197.5 MED which exceeds the recommended maximum opioid dose of 120mg per day. Medical records from 2013 were reviewed and showed persistent low back pain. Physical examination showed limitation of motion of the thoracic and lumbar spine in all directions due to pain more on lumbar extension than flexion. Tenderness was noted on the lumbar paraspinal muscles overlying the L1 to L3 facet joints and provocative maneuvers of the thoracic and lumbar facet joints were positive. Nerve root tension, Babinski's and Hoffman's signs were negative. DTRs and muscle strength were normal except for the right extensor hallucis longus (4+/5) and right gastrosoleus (5-/5). Medications include Kadian 50mg 1 tab PO qAM, Kadian 20mg 2 tab PO BID, and oxycodone 15mg 1 tab PO TID PRN for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADLAN 50 MG 1 TAB BY MOUNT EVERY MORNING #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

Decision rationale: As stated on page 78 of MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: Analgesia (pain relief), Adverse effects, Activities of Daily Living (physical and psychosocial functioning daily living) and Aberrant drug-taking behaviors (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. Page 86 recommends that the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. In this case, patient has had morphine sulfate since May 2013. His total opioid dose per day is 197.5 MED which exceeds the daily recommended maximum dose of 120mg. Furthermore, medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects associated with the use of this medication. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Kadian 50mg 1 tab by mouth every morning #30 is not medically necessary and appropriate.