

Case Number:	CM14-0049033		
Date Assigned:	06/27/2014	Date of Injury:	06/06/2005
Decision Date:	08/11/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 44-year-old man who sustained a work-related injury on June 6, 2005. Subsequently the patient developed with chronic back pain. According to a progress report dated on September 9, 2013, he was complaining of increasing pain in his low back, bilaterally, into the buttock and thighs but no radiation. Pain was noted to be at 4/10 at the baseline, increased to 6/10 with activity. He felt that the radiofrequency rhizotomy L4-5 and L5-S1 had worn off. His examination was essentially normal except for positive facet provocative maneuvers bilaterally and localized muscle spasm. Treatment has included physical therapy, aqua therapy, radio frequency, and medication management. A lumbar MRI report from July 7, 2005 noted disc desiccation at L1-2 with minimal annular bulging, and mild annular bulging at L3-4 and L4-5 with no disc protrusions or extrusions and no stenosis. Records show that a urine drug screen (UDS) on April 3, 2011 was consistent for the Hydrocodone use. The UDS on January 5, 2012 was inconsistent as it was positive for Oxycodone and Marijuana. The UDS on June 4, 2012 was positive for Hydromorphone, Morphine, Oxycodone, Amitriptyline, Nortriptyline, and THC: Prescribed were Kadian, Percocet, and Amitriptyline. The UDS on April 11, 2013 was positive for THC. The UDS on January 13, 2014 was inconsistent with the patient's prescribed medications. The provider requested authorization to use Kadian.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadlan 30mg twice a day, #60, for weaning to off over 3 months, QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines does not support long term use of opioids for musculoskeletal pain as a first-line agent, or as a second-line agent when dosages exceed 100-120 MED (morphine equivalent dose) mg per day. Claimant is currently on 90 MED mg however evidence of illicit use of THC is found in multiple file entries. Risks of serious adverse events are noted as increased in this situation per ODG and CDC stats. Page(s): 78, 80, 81. Decision based on Non-MTUS Citation 2004, ACOEM, Chapter 6, page 115.

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 the 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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. The past last available UDS testing performed on January 13 2014 has shown noncompliance with pain medications with inconsistency with prescribed drugs. Therefore, the prescription of Kadian 30mg #60 is not medically necessary.