

<b>Case Number:</b>	CM14-0061128		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/25/1998
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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:

This is a 59-year-old male with a 9/25/98 date of injury. The mechanism of injury was related to a golf cart and golf course injury. According to a 4/21/14 psychologist's report, the patient indicated that he had continued to reduce his overall medication regimen. He has been trying to keep himself as active as he can during the day but to also pace himself. The patient's psychological status was somewhat improved from the prior evaluation. The patient seems very interested in reducing the overall number of medications that he is taking. Diagnostic impression: post-laminectomy syndrome of cervical and lumbar region, chronic pain syndrome, major depression, anxiety disorder, pain disorder associated with psychological factors, sleep disorder, sexual dysfunction, and opioid dependence. Treatment to date includes medication management, activity modification, and carpal tunnel surgery. A UR decision dated 4/11/14 denied the request for Kadian 100 mg. There is no clinical documentation to support the ongoing use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The reports reviewed consisted mostly of psychological progress reports. There is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of a lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. A urine drug screen dated 4/3/14 was inconsistent for the use of opioids. There is no documentation that the provider has addressed this issue. Therefore, the request for Kadian 100 mg #60 is not medically necessary.