

Case Number:	CM14-0061338		
Date Assigned:	07/09/2014	Date of Injury:	03/07/1993
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	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:

The injured worker is a 57 year-old male who has submitted a claim for lumbar facet arthralgia and bilateral L5 radiculopathy associated with an industrial injury date of March 7, 1993. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of moderate to severe low back pain, worse on the right, rated 4-10/10, described as sharp and numbing, radiating to the legs and feet. Pain is made worse by standing, pivoting, twisting back, walking, and standing. Associated symptoms include progressive urinary incontinence and urgency. On physical examination, there was ankle edema. No motor deficits were noted. Deep tendon reflexes were normal and symmetrical. There was limitation of lumbar spine range of motion. Straight leg raise and Patrick's tests were negative. Treatment to date has included multilevel discectomy, physical therapy, biofeedback, trigger point injections, TENS unit, and medications including Kadian of 320mg total daily dose over the past two years, and has been on Kadian for the past 15 years. Utilization review from April 8, 2014 was denied for Kadian 80mg quantity #120 because the record review did not specify the efficacy of this medication at decreasing VAS pain score or increasing function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 80mg quantity #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to the MTUS guidelines, ongoing opioid treatment is not supported unless 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. In this case, Kadian has been prescribed for the past 15 years. However, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also do not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. The MTUS requires clear and concise documentation for ongoing opioid management. Therefore, the request for Kadian 80mg quantity #120 is not medically necessary.