

<b>Case Number:</b>	CM14-0071724		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/29/1999
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 09/29/1999. The patient's diagnoses include lumbar degenerative disc disease as well as ongoing knee pain. The patient is status post a left total knee replacement in 2008. As of 03/06/2014, the patient was seen for a preoperative evaluation with regard to a planned left total knee revision. Medications at that time included Kadian, Norco, Nuvigil, carisoprodol, and topiramate. An initial physician review noted that the patient was scheduled for left knee patellar reattachment revision surgery 03/25/2014. I note the patient had been prescribed medications and that Kadian was reduced to 70 mg b.i.d. and Norco and Soma were continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian ER 70mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Opioids; 2014 Drug Formulary Kadian "N" drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Management, page 78, recommends ongoing review and documentation of pain relief, functional status, proper medication use, and side effects. In this case, the patient is utilizing multiple opioid medications. For the period under review, the patient was pending revision knee surgery. Overall the medical records do not clearly document functional benefit from opioids. However, tapering/discontinuing opioid medication in the immediate preoperative period could create a challenge in interpreting the patient's postoperative diagnosis or the effectiveness of surgery or the degree of postoperative pain. The current request is supported by the medical records and guidelines. This request is medically necessary.