

<b>Case Number:</b>	CM14-0079240		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 injured worker is a 38-year-old female who was injured on 07/31/2007 in an auto accident sustaining head, neck, bilateral shoulders, waist and low back injuries. She is status post HNP at L5-S1. She is noted to be willing to try considering a reduction of her medications. Treatment has included epidural steroid injections with benefit noted along with chiropractic care. Severities, response to medications, dosing, activities of daily living or return to work status are unknown. No gastrointestinal symptoms noted. No anxiety or insomnia documented. The exams show good lumbar range of motion. Neurologic exam is normal. No documentation of urine drug testing results provided. A request was made for Kadian 20mg #120 x3 refills, pain specialist for reducing the medications dosage, Reglan 10mg every 8 hours as needed, and was not certified on 04/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 20mg #120 x3 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 of 127..

**Decision rationale:** Kadian is a long-acting morphine sulfate (extended release capsules), which should be reserved for patients with chronic pain, who are in need of continuous treatment. Guidelines indicate that "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 nonadherent) 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)." In this case, there is no documentation of significant reduction in pain level or objective functional improvement with the use of this medication. There is no record of urine drug test to monitor the patient's compliance. Furthermore, the IW is willing to reduce the dose of her medications. Therefore, based on guidelines and a review of the evidence, the request for Kadian 20mg #120 is not medically necessary.

**Pain Specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter.

**Decision rationale:** As per CA MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the provider has requested referral to pain management in order to reduce the dosage of opioids, which is beyond his expertise. Therefore, the request is medically necessary.

**Reglan 10mg Q8H (every 8 hours) prn (as needed):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=de55c133-eb08-4a35-95d093027397>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=de55c133-eb08-4a35-95dc093027397>

**Decision rationale:** Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use, but recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited

application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. In this case, there is no substantial evidence of nausea or vomiting due to acute opioid use. There is no documentation of a detailed evaluation. The opioid use determination is to reduce the dosage in this injured worker. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.