

Case Number:	CM14-0079848		
Date Assigned:	07/18/2014	Date of Injury:	03/07/2002
Decision Date:	09/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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:

According to the records made available for review, this is a 51-year-old male with a 3/7/02 date of injury. At the time (5/8/14) of request for authorization for Kadian ER 100 mg # 30, there is documentation of subjective (low back pain that radiates into bilateral lower extremities) and objective (no pertinent findings) findings, current diagnoses (intractable low back pain with history of degenerative disc disease, L4-5, bilateral lower extremity radiculopathy, primarily in the L4 distribution, and left elbow pain), and treatment to date (medications (including ongoing treatment with Kadian and Norco that decreases his pain and improves his function and without these medications he would have significant difficulty tolerating even routine activities of daily living)). Medical Report identifies a signed treatment contract regarding expectations of opioid use is on file. There is no documentation of patient with chronic pain, who is in need of continuous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian ER 100 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate), Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Pain Chapter, Kadian (morphine sulfate).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that controlled, extended and sustained release preparations of morphine sulphate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Kadian (Morphine Sulfate). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Kadian is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin). Within the medical information available for review, there is documentation of diagnosis of intractable low back pain with history of degenerative disc disease, L4-5, bilateral lower extremity radiculopathy, primarily in the L4 distribution, and left elbow pain. In addition, given documentation of a signed treatment contract regarding expectations of opioid use, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that his medications decrease his pain and improves his function and without these medications he would have significant difficulty tolerating even routine activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Kadian use to date. However, there is no documentation of patient with chronic pain, who is in need of continuous treatment. Therefore, based on guidelines and a review of the evidence, the request for Kadian ER 100 mg # 30 is not medically necessary.