

Case Number:	CM14-0089038		
Date Assigned:	09/10/2014	Date of Injury:	03/16/1998
Decision Date:	10/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 employee with date of injury of 3/16/1998. Medical records indicate the patient is undergoing treatment for chronic back pain, post lumbar laminect syndrome, sacroiliac pain and disc disorder lumbar. Subjective complaints include low back pain that radiates down the left leg. She rates her pain with medications as a 4/10 and without, 10/10. She rates her quality of sleep as fair. She states her medications are working well. Objective findings include the lumbar spine range of motion is restricted with flexion limited to 50 degrees, extension to 10, right and left lateral bending to 35. Tenderness is noted on palpation to paravertebral muscles. Heel and toe walk is normal. Straight leg raise is normal and Babinski's sign is negative. Treatment has consisted of Glycolax Powder, Namenda, Neurontin, Wellbutrin, Baclofen, Hydromorphone and Kadian. The utilization review determination was rendered on 6/3/2014 recommending non-certification of Kadian 100mg capsule 1 cap BID #60 Refill:1 and Hydromorphone 2mg tablet, 1 tab BID prn #60 Refill:1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 100mg capsule 1 cap BID #60 Refill:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 78 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Kadian (Morphine Sulfate) is a pure opioid agonist. The Official Disability Guidelines (ODG) does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does document a reduction in pain and increased functionality while taking opioid medication. However, MTUS recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes is in excess of MTUS recommended guidelines. As such the request for Kadian 100 mg capsule one cap BID #60 one refill is not medically.

Hydromorphone 2mg tablet, 1 tab BID prn #60 Refill:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 78 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does document a reduction in pain and increased functionality while taking opioid medication. However, MTUS recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes is in excess of MTUS recommended guidelines. As such, the request for Hydromorphone 2mg tablet, one tab BID prn #60, and one refill is not medically necessary.

