

Case Number:	CM14-0089206		
Date Assigned:	07/23/2014	Date of Injury:	02/22/2003
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 61-year-old female who has submitted a claim for Degeneration of cervical intervertebral disc associated with an industrial injury date of February 22, 2003. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain with radiation into the both upper extremities associated with numbness and tingling sensation in the left hand. There were also spasms in the left shoulder. Pain was rated 6/10. Examination of the cervical spine revealed limited extension, lateral rotation and lateral bending, and normal motor, sensory and deep tendon reflex testing. Treatment to date has included medications (Flexeril, Zanaflex, and Kadian). The note indicates that the patient was stable on her medication regimen and had been able to maintain function, particularly with her ADLs. The note specifically indicated that Kadian alleviated her pain allowing her to increase her level of activities. Utilization review from June 5, 2014 denied the request for Kadian cap 30mg CR Day Supply: 30 qty:90 Refills:00 and Kadian cap 10 mg CR day supply 30 QTY:90 Refills:00 because there was no other objective data submitted confirming the effectiveness of the use of Kadian other than the ability to drive longer durations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian cap 30mg CR Day Supply: 30 qty:90 Refills:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Short Acting/Long acting Opioids Page(s): 91.

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

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment 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, the patient had been on opioids (Oxycodone) since at least November 2013. There are no recent progress notes available in the records provided. The UR indicate that the patient benefited from Kadian in terms of improving her driving duration. However, reduction of pain scores was not demonstrated. There is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Furthermore, there is no documentation of the presence or absence of opioid side effects. The medical necessity for continued use is not established because the guideline criteria are not met and recent data about the patient are not available. Therefore, the request for Kadian cap 30mg CR Day Supply: 30 qty:90 Refills:00 is not medically necessary.

Kadian cap 10 mg CR day supply 30 QTY:90 Refills:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going Management Page(s): 77-78.

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

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment 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, the patient had been on opioids (Oxycodone) since at least November 2013. There are no recent progress notes available in the records provided. The UR indicate that the patient benefited from Kadian in terms of improving her driving duration. However, reduction of pain scores was not demonstrated. There is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Furthermore, there is no documentation of the presence or absence of opioid side effects. The medical necessity for continued use is not established because the guideline criteria are not met and recent data about the patient are not available. Therefore, the request for Kadian cap 30mg CR Day Supply: 30 qty:90 Refills:00 is not medically necessary.