

<b>Case Number:</b>	CM14-0095831		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/29/1999
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 & 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 64-year-old female who reported an injury on 01/27/2012. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar degenerative disc disease, knee pain, pain in joint lower leg, low back pain. Previous treatments included medication, physical therapy and surgery. Within the clinical note dated 04/21/2014 it was reported the injured worker complained of back pain radiating from low back down both legs, lower backache and left knee pain. Upon the physical examination of the lumbar spine the provider noted the range of motion was restricted with flexion limited to 30 degrees limited by pain. Extension was limited to 5 degrees and limited by pain. The provider noted the injured worker had left hip tenderness over the sacroiliac joint. The injured worker's range of motion of the right knee was restricted and painful. There was tenderness to palpation over the medial joint line. The injured worker had a McMurray's test. The provider requested for Kadian. However, a rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian ER 30mg # 120 to allow the patient one refill for the purpose of weaning to below 120 MED, with a reduction of MED by 10%-20% per week over a weaning period of 2-3 months.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78, 124.

**Decision rationale:** The request for Kadian ER 30 mg #120 to allow the patient one refill for the purpose of weaning to below 120 MED, with a reduction of MED by 10%-20% per week over a weaning period of 2-3 months is not medically necessary. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. Opioid weaning should start with a complete evaluation of treatment, comorbidity, psychological condition. A clear written instruction should be given to the patient and family. If the patient cannot tolerate a taper, referred to an expert. Taper by 20% to 50% per week of original dose for the patient who is not addicted. A slower suggested taper is 10% every 2 to 4 weeks, slowing the reduction of 5% of 1 dose of one third of the initial dose reached. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The clinical documentation submitted did not indicate a urine drug screen for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.