

Case Number:	CM14-0144035		
Date Assigned:	09/12/2014	Date of Injury:	09/18/1991
Decision Date:	12/16/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 female, who sustained an industrial injury on 9-18-91. The injured worker was diagnosed as having chronic pain syndrome, chronic lumbar back pain, lumbar degenerative disc disease, lumbar post laminectomy syndrome, status post L4-5 and L5-S1 arthrodesis, depression, and generalized anxiety disorder. Treatment to date has included L4-5 anterior posterior fusion and laminectomy in 1999 with removal of hardware in 2002, massage therapy, home exercise, and medication including Kadian, Oxycodone, Xanax, Cymbalta, Robaxin, Flector patches, Lidoderm patches, and Voltaren gel. Physical exam findings on 7-25-14 included lumbosacral spinal tenderness. On 6-27-14, pain was rated as 4 of 10 on average with medication and 5 of 10 on average without medication. The injured worker had been taking Kadian since at least December 2013. On 7-25-14, the injured worker complained of pain in the right leg, bilateral buttocks, bilateral hips, and low back rated as 4 of 10 on average with medication and 5 of 10 on average without medication. The treating physician requested authorization for Kadian 60mg #90. On 8-20-14 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 60mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12ed. McGraw Hill 2010 ACOEM-
[https://www.acoempracguides.org/Low Back: Table 2, Summary of recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back:Table%202,Summary%20of%20recommendations,Low%20Back%20Disorders).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Kadian 60mg #90 (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that Kadian is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Kadian 60mg #90 is not medically necessary.