

Case Number:	CM14-0189387		
Date Assigned:	11/20/2014	Date of Injury:	03/18/2002
Decision Date:	03/19/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old male who reported an injury on 03/18/2002 due to a slip and fall on a patch of oil. The injured worker's treatment history included surgical intervention of the lumbar spine, physical therapy, multiple medications, and a spinal cord stimulator. The injured worker was evaluated on 10/17/2014. It was documented that the injured worker had low back pain radiating into the lower extremities. The injured worker's medications included Kadian 30 mg, gabapentin 800 mg, and Valium 5 mg. It was noted that the injured worker was monitored for aberrant behavior with urine drug screens. It was noted that the injured worker had a signed narcotic agreement on file. It was documented that the injured worker received 70% pain relief from the prescribed medications and was able to participate in activities of daily living and ambulate without a wheelchair. The injured worker's diagnoses included postlaminectomy syndrome, lumbar spinal stenosis, and lumbar degenerative disc disease. A request was made for refill of medications. The injured worker's treatment plan included increased physical activity as tolerated. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg. P.O. Q12 Hr. #60. Brand name only as patient has tried this medication before with improved pain symptoms. Body Part: Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97; 24. Decision based on Non-MTUS Citation ODG, Treatment index, 12th Edition (web), 2014, Pain Chapter, Benzodiazepines

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

Decision rationale: The requested Kadian 30 mg by mouth every 12 hours #60, brand name only as patient has tried this medication before with improved pain symptoms, body part: lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has significant pain relief from medication usage, as monitored from aberrant behavior with urine drug screens, and has significant functional benefit resulting from medication use. However, the request specifically identified the name brand versus the generic brand of this medication. The clinical documentation does not specifically identify any adverse side effects with the generic brand. Therefore, the brand name would not be medically necessary in this clinical situation. As such, the requested Kadian 30 mg by mouth every 12 hours #60, brand name only as the patient has tried this medication before with improved pain symptoms, body part: lumbar spine is not medically necessary or appropriate.