

<b>Case Number:</b>	CM14-0190358		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	06/03/1999
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Family Medicine 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:

Injured worker is a 62 year old male with date of injury 06/03/99. Claimant works as a custodian. Mechanism of injury was due to pushing a cart of tables. The diagnosis is low back pain, lumbar degenerative disc disease, and chronic pain syndrome. Claimant is currently working full time, full duty. Most recent MD office visit claimant continues to complain of low back pain. The pain has been radiating to his buttocks. Pain is rated 6/10. MRI dated 07/16/99 revealed L4-5 herniated disk with left nerve root compression. L4-L5 and L5-S1 mild spondylosis noted on 10/31/2002 and 12/10/04 respectively. MRI dated 07/15/14 noted severe disc space narrowing at L5-S1 with mild disc space narrowing at L1-L2. This is a request for Kadian 30 mg # 60 modified to 1 prescription of Kadian 30 mg #40. Other medications used are Lunesta 3 mg, Hydrocodone 10/325 1 tablet by mouth four times a day as needed. Morphine, 24 hour, (Kadian) 30 mg cap 1 by mouth daily. Last review was completed on 11/07/14 and was denied. Drug testing 05/15/14 is positive for opioids 754ng/ml. After review of medical record submitted for review, no psychological evaluation is noted. Per CA MTUS chronic pain guidelines do not support the ongoing use for opioids for chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-82.

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, certification of the requested medication is not medically necessary.