

<b>Case Number:</b>	CM14-0193546		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/03/2004
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier multilevel lumbar fusion surgery; topical agents; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 24, 2004, the claims administrator retrospectively and prospectively denied a request for Kadian. The claims administrator stated that its decision was based on an RFA form received on September 24, 2014. The claims administrator cited a July 28, 2014 progress note stating the applicant had been weaned off of Kadian and was using only as needed oxycodone for pain relief. The applicant's attorney subsequently appealed. In an earlier progress note dated September 26, 2012, the applicant reported ongoing complaints of low back pain status post earlier lumbar fusion surgery in March 2010. 5/10 pain with medications was appreciated. The applicant reported ongoing axial low back pain. The applicant's medications list, at this point, included Flexeril, Kadian, Flector, and Lidoderm. It appeared that the applicant was using Kadian at a rate of 10 mg daily as of this point in time. The applicant's work status was not provided. The remainder of the file was surveyed on several occasions. It did not appear that the September 22, 2014 RFA form and/or associated progress note of July 28, 2014 were incorporated into the independent medical review packet. In a January 25, 2013 progress note, the applicant reported ongoing complaints of low back pain, axial in nature. The applicant had failed multiple epidural steroid injections and had received only partial relief from the lumbar fusion surgery. The applicant reported pain with bending and lifting. The attending provider wrote that the applicant's pain was adversely impacting various spheres of life, including work wise. In another section of the note, it was suggested that the applicant was working at [REDACTED]

██████ and performing heavy lifting tasks. This was not, however, clearly stated. The applicant's medications at this point included Kadian, Flexeril, Lidoderm, oxycodone, and Flector. Multiple medications were refilled. The applicant was asked to continue Kadian for long-acting pain relief pain relief purposes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ongoing use of Kadian 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was apparently using Kadian as early as progress note of September 26, 2014, referenced above. The request in question, thus, did represent a renewal question for Kadian. All information on file, however, pointed to the applicant's has failed to effect any significant benefit despite ongoing usage of Kadian. The applicant remained off of work. The applicant is having difficulty performing work tasks. The applicant is having difficulty performing activities of daily living as basic as lifting, bending, carrying, etc. The request, thus, was not indicated owing to the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing Kadian usage and also owing to the applicant's seeming failure to return to work. Therefore, the request was not medically necessary.

**Retrospective: Kadian 10 mg (DOS: 01/03/2013 to 11/30/2013):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate/Kadian section; Opioids, Ongoing Management topic Page(s): 93; 78.

**Decision rationale:** While page 93 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Kadian, a form of controlled release or extended release Morphine Sulfate, may be dosed once or twice daily, this recommendation, however, is qualified by commentary made on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the lowest possible dose of opioid should be employed to improve pain and function. Here, however, the admittedly limited information on file suggest that the requesting provider had elected to wean, taper, and/or discontinue Kadian (extended release Morphine) in favor of as-needed Oxycodone on or around an office visit of July 28, 2014. It is not clear, then, why a

prescription for Kadian was subsequently received, on September 24, 2014, although it is acknowledged that the July 20, 2014 progress note made available to the claims administrator was not incorporated into the independent medical review packet. The information, which is on file, however, failed to make a case for continued use of Kadian on or around the date in question. Therefore, the request was not medically necessary.