

Case Number:	CM14-0194754		
Date Assigned:	11/25/2014	Date of Injury:	05/06/2005
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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:

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. In this case, however, the applicant was/is off of work. The applicant has deemed permanent disabled, one of his treating providers, an internist, noted above. While the applicant did report some reduction in pain scores on at least one occasion, referenced above, including on October 14, 2014, this reduction in pain score, however, is outweighed by the applicant's failure to return to any form of work and the attending provider's failure to outline any improvements in function achieved as a result of ongoing opioid therapy, including ongoing Kadian usage. The applicant comment to the effect that he would be bedridden without his medications does not constitute evidence of meaningful benefit or meaningful improvement with ongoing opioid therapy. Similarly, the attending provider's comments to the effect that the applicant is able to perform activities of self-care, personal hygiene, brush his teeth, etc., with medications, including Kadian; likewise do not constitute evidence of meaningful or substantive benefit achieved as a result of the same. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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. In this case, however, the applicant was/is off of work. The applicant has deemed permanent disabled, one of his treating providers, an internist, noted above. While the applicant did report some reduction in pain scores on at least one occasion, referenced above, including on October 14, 2014, this reduction in pain score, however, is outweighed by the applicant's failure to return to any form of work and the attending provider's failure to outline any improvements in function achieved as a result of ongoing opioid therapy, including ongoing Kadian usage. The applicant comment to the effect that he would be bedridden without his medications does not constitute evidence of meaningful benefit or meaningful improvement with ongoing opioid therapy. Similarly, the attending provider's comments to the effect that the applicant is able to perform activities of self-care, personal hygiene, brush his teeth, etc., with medications, including Kadian; likewise do not constitute evidence of meaningful or substantive benefit achieved as a result of the same. Therefore, the request is not medically necessary.

MSIR to 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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. While the attending provider reported on October 14, 2014 that the applicant was deriving a reduction in pain scores from 9/10 to 5/10 with medications, it is, however, belied by the attending provider's multiple comments to the effect that morphine was generating diminished analgesia and that the applicant felt that previous usage of Opana was more beneficial than current usage of morphine. These comments are, furthermore, outweighed by the applicant's failure to return to any form of work and the attending provider's failure to outline any meaningful benefits achieved as a result of ongoing morphine sulfate immediate release usage. The applicant is off of work and has been deemed permanently disabled, his internist acknowledged in a progress note, referenced above. The attending provider's commented to the effect that the applicant is able to perform activities of self-care, personal hygiene, brushing his teeth, combing his hair, etc., with medications does not, in and of itself, constitute evidence of meaningful or substantive benefit with ongoing opioid therapy, including ongoing MSIR usage. Similarly, the applicant commented to the effect that he would be bedridden without his

medication likewise does not constitute evidence of a meaningful or substantive benefit achieved as a result of ongoing MSIR usage. Therefore, the request was not medically necessary.

Opana ER 15mg equivalent to replace Kadian and MSIR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana), Long Acting Opioids Page(s): 93, 75.

Decision rationale: As noted on page 93 of the MTUS Chronic Pain Medical Treatment Guidelines, Opana extended release is not intended for p.r.n. use purposes. In this case, the attending provider posited that previous usage of Opana extended release had generated more benefits than current usage of Kadian and morphine sulfate immediate release. A trial of such reintroduction of Opana release, thus, was/is indicated on or around the date in question; particularly in light of the fact that both Kadian and morphine sulfate immediate release had proven ineffectual here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, long acting opioids such as Opana extended release can be employed to provide around the clock analgesia. In this case, the applicant does appear to be an individual who is reporting constant pain complaints and may benefit from usage of long acting opioids. Therefore, the request is medically necessary.