

Case Number:	CM15-0001673		
Date Assigned:	01/12/2015	Date of Injury:	09/01/2007
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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

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 patient is a 53 year old male with an injury date of 09/01/07. As per progress report dated 11/21/14, the patient complains of right arm, left shoulder, and left knee pain rated at 5/10 with medications and 8/10 without medications. The patient is status post left shoulder, left knee and right elbow surgery --- dates of the procedures not mentioned ---. Physical examination reveals tenderness and spasms in cervical paraspinal muscles and reduced range of motion with flexion at 40 degrees and extension at 25 degrees. There is decreased sensation at L 1st and 5th fingers. Physical examination of the elbow reveals a 15 degrees gunstock deformity along with diffuse tenderness in proximal radius area. There is moderate crepitus in the right knee area along with minimal joint line tenderness. In progress report dated 06/19/14, the patient complains of pain in left shoulder that radiates down to the thumb. He also complains of tingling that causes him to drop things with the left hand. Medications, as per the same report, include Ambien, Aspirin, Bupropion, Clonazepam, Cymbalta, Fenofibric acid, Irbesartan, Januvia, Kadian, lamotrigine, Metformin, Miralax, Pentroprazole, Simvastatin and Trilipix. The patient has been allowed to work four hours per day with restrictions, as per progress report dated 11/21/14. Diagnoses, 11/21/14:- Fracture of head of radius closed- Cervicalgia- Derangement of anterior horn of medial meniscus- Chronic pain syndrome The utilization review determination being challenged 12/04/14. Treatment reports are provided from 04/24/14 - 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 40mg, 24 hr oral capsule- 1 pill po for 30 days Qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in right arm, left shoulder and knee, as per progress report dated 11/21/14. The request is for KADIAN 40 mg 24 hr oral capsule 1 pill po for 30 days qty 60. The arm pain is rated at 8/10 without medications and 3/10 with medications. The patient has been diagnosed with fracture of head of radius closed, cervicalgia, derangement of anterior horn of the medial meniscus, and chronic pain syndrome. Medications, as per the same report, include Ambien, Aspirin, Bupropion, Clonazepam, Cymbalta, Fenofibric acid, Irbesartan, Januvia, Kadian, Lamotrigine, Metformin, Miralax, Pentroprazole, Simvastatin and Trilipix. In progress report dated 06/19/14, the patient complains of pain in left shoulder that radiates down to the thumb. He also complains of tingling that causes him to drop things with the left hand. The patient has been allowed to work 4 hours per day with limited duty status, as per progress report dated 11/21/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Kadian was first noted in progress report dated 04/24/14, and the patient has received the medications consistently at least since then. The dose of Kadian was increased during 06/19/14 visit. In progress report dated 11/21/14, the treater states that medications help reduce the pain from 8/10 to 3/10. The patient also reports that with the medicines he can sit up for up to 1 hour and without only 30 min. He states that medicines also allow him to do more housework, prepare meals and stand and walk for longer. The patient is also working for 4 hours per day, as per the same report. Although the progress reports do not document side effects due to opioid use or CURES reports, the UDS reports were consistent until October, as per 11/21/14 report. Given the significant impact of Kadian on the patient's pain and function, the use of this medication appears reasonable and IS medically necessary.