

Case Number:	CM15-0009952		
Date Assigned:	01/27/2015	Date of Injury:	10/30/2007
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal Medicine

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 60 year old male patient, who sustained an industrial injury on 12/30/2007. A primary treating office visit dated 10/06/2014 reported chief complaint of low back, neck and left leg pain. He is currently prescribed the following medications; Kadian, Voltaren Topical, Diclofenac Sodium, Flexiril, Neurontin, Tomapmx, Vytorin and Naproxen. The patient's problem list noted cervalgia, chronic intractable pain, hyperlipidemia, lumbago, myofascial pain, lower extremity pain and somatic reaction. Physical examination found lumbar spine with bilateral tenderness, pain and diminished flexion, and extension; limited by pain. The patient complains of right leg numbness and increaseing pain with gait. Left knee showed mild pain, numbness and diminished range of motion. He is diagnosed with; degenerative disc disease, myofascial pain, lumbare degenerative disc disease, sciatica, low back pain, arthritis of back, prolonged depression, lower extremity pain, osteoarthritis of knee, medial meniscus tear and worseing pain due to lack of treatment. On 01/08/2015 Utilization Review non-certified a request for medicaitons Norco and Kadian, noting the CA MTUS medcial Treatment Guidelines, Norco and Morphine Sulfate were cited. The injured worker submitted an application for independent medical review of the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120 with one refill: Overturned

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.

Decision rationale: Per MTUS, Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short-acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002). This patient had been on this medication for several months to years. Short term usage of this medication would be medically recommended.

Kadian 20 mg # 60 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,93.

Decision rationale: Per MTUS, Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MSContin, Oramorph SR, Kadian, Avinza), Oxycodone (Oxycontin), Fentanyl (Duragesic Patch), Hydromorphone (Palladone). Morphine sulfate, Morphine sulfate ER, CR (Avinza; Kadian; MS Contin; Oramorph SR; generic available, except extended release capsules): Side Effects: See opioid adverse effects. Analgesic dose: Controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Avinza- morphine sulfate extended release for once daily dosing. The 60mg, 90mg and 120mg capsules are for opioid tolerant patients only. Kadian - (extended release capsules) May be dosed once or twice daily. The 100mg and 200mg capsules are intended for opioid tolerant patients only. MS Contin - (controlled release tablets) Doses should be individually tailored for each patient. Short term usage of this medication would be medically recommended due to high risk of addiction.

