

<b>Case Number:</b>	CM15-0103782		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/20/2004
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50 year old female, who sustained an industrial injury on 1/20/04. The injured worker was diagnosed as having lumbar right L5 radiculopathy, status post revision of fusion, chronic pain syndrome, spasticity and failed low back surgery syndrome. Treatment to date has included oral medications including Kadian CR 30mg (2 in morning and 1 at night) and Percocet 10/325 (2-3 times per day) and baclofen; back surgeries in 2004, 2006 and 2010, physical therapy and home exercise program. Currently, the injured worker complains of low back pain rated 7-8/10 and left lower extremity pain. Physical exam noted antalgic gait, tenderness to palpation over bilateral lumbar paraspinals and lumbar midline, significantly decreased flexion and extension, range of motion limited by pain and weakness in left lower extremities with motor function testing and increased sensation over left L4, L5 and S1 dermatomes. A request for authorization was submitted for Kadian CR 30mg #90, Percocet 10/325mg #90, Prozac 20mg #30, Baclofen 10mg #30, Miralax #1 and Senna S #90 and a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian CR 30mg (90 tablets): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Kadian CR (long-acting morphine) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg, left foot numbness, and right foot tingling. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no description of improved function with the use of this medication or documentation of an individualized risk assessment. There also was no description of special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 90 tablets of Kadian CR (long-acting morphine) 30mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.