

<b>Case Number:</b>	CM15-0105050		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/01/1994
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Indiana, New York  
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 59 year old female who sustained an industrial injury on 11-1-94. Diagnoses are lumbar disc disease, Grade 1 spondylolisthesis, depression, chronic pain syndrome, and bilateral hip flexion contractures. In a progress report dated 4-2-15, the treating physician notes tapering of opioids is difficult but so far successful. A 10 percent reduction of Kadian per month has been the plan. The injured worker reports feeling tremulous and denies constipation or diarrhea. Pain is rated at 8-9 out of 10 at the worst. A CURES report reveals no suspicious activity. A urine drug screen done 4-2-15 is consistent with prescriptions. The weaning of opioids continues. Her requirements are less than half of the doses required as compared to 2007. She is considering a spinal cord stimulator. Kadian was reduced to 150 tabs, previous was 180 tabs. She also sees a psychotherapist for anxiety and depression. She walks short distances with 2 canes. Work status is to remain off work; and is permanent and stationary. The treatment plan is to continue Lidoderm patch, to renew and reduce Kadian 50mg #122 to last 30 days, renew Morphine Sulfate IR #120 and aim to taper opioid regimen further by 10% each visit. The requested treatment is Kadian 50mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 50mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Kadian 50 mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar disc disease/grade 1 spondylolisthesis; depression; chronic pain syndrome; and bilateral hip flexion contractures. The date of injury is November 1, 1994 (21 years prior). Request for authorization is May 8, 2015. Current medications include Morphine Sulfate Immediate Release 30mg and Kadian and 50 mg. According to a September 3, 2014 progress note, the subjective section states the provider is initiating a slow taper opiates which is not tolerated well by the injured worker. The injured worker was provided Kadian 50 mg #205 tablets. According to an April 2, 2015 progress note, Kadian was refilled, but the amount was limited to #150 tablets (from #180). The injured worker's pain score levels remain markedly elevated at 8-9/10. There is no documentation demonstrating objective functional improvement. There is no documentation demonstrating subjective improvement based on markedly elevated pain scores. There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Kadian, subjective improvement based on pain scores and detailed pain assessments and risk assessments, Kadian 50 mg is not medically necessary.