

<b>Case Number:</b>	CM15-0107593		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 injured worker is a 54 year old male, who sustained an industrial injury on 7/31/03. He reported initial complaints of cellulitis of the left index digit possibly secondary to a spider bite. The injured worker was diagnosed as having insect bit, left digit; sacroiliitis; left hand/digit infection; secondary infection of the spine; cauda equine syndrome; status post lumbar fusion; lumbar neuritis or radiculitis; lumbosacral neuritis not otherwise specified; chronic low back pain. Treatment to date has included status post anterior L2-3 discectomy/interbody fusion retroperitoneal approach (1/21/05); physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 4/30/15 indicated the injured worker was in this office as a follow-up. The clinical history from other documentation demonstrates the injured worker was initially diagnosed with cellulitis of the left index digit possibly secondary to a spider bite and later diagnosed with a staph infection and lumbar spine osteomyelitis leading to a lumbar fusion in 2005. At the time of the fusion, findings included large erosion in the body of the L3 and smaller erosion in the body of L2. The injured reports he is feeling some better, participating in physical therapy and acupuncture therapy for chronic pain involving his neck and helped his back pain as well. His physical therapy and acupuncture have been completed and notes his medications have been decreased. The physical examination is documented as lumbar spine exam with "very good range of motion". He notes pain in the lower back when he flexes beyond 50 degrees. Seated, the straight leg raise is negative. He has good strength testing with knee extension and dorsi plantar flexion. He is moving around comfortably the provider notes. The provider's treatment plan includes a request for authorization of Kadian 20mg #60 with 2 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 20mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** Based on the 04/30/15 progress report provided by treating physician, the patient presents with back and neck pain. The patient is status post anterior L2-3 discectomy /interbody fusion retroperitoneal approach 01/21/05. The request is for KADIAN 20MG, #60 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes unspecified thoracic/ lumbar neuritis/ radiculitis, sacroiliitis other, and cauda equina syndrome. Physical examination to the lumbar spine on 04/30/15 was unremarkable. Treater notes "very good range of motion" and that "patient is moving around comfortably." Treatment to date has included imaging studies, labs, physical therapy, acupuncture, and medications. Patient's medications include Norco, Kadian, Cymbalta, Tizanidine, Ibuprofen and Lunesta. The patient is permanent and stationary no longer working, per 04/30/15 report. Treatment reports were provided from 08/10/10 - 04/30/15. 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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Kadian has been included in patient's medications, per progress reports dated 11/03/14, 01/30/15, and 04/30/15. Per 11/03/14 report, treater states "with the medications [the patient] is able to function around the house. His pain level goes from 8+ down to a 2-4 with the medication. This regimen works better for him than anything so far." In this case, treater has provided general statements and addressed analgesia with pain scales. However, treater has not discussed how Kadian significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No current UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.