

<b>Case Number:</b>	CM15-0140665		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/13/1997
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 48 year old male who sustained an industrial/work injury on 5-13-97. He reported an initial complaint of back pain. The injured worker was diagnosed as having chronic low back pain. Treatment to date includes medication, diagnostics, exercise, surgery (2 lumbar surgeries in 1999). CT scan results were reported on 1-31-15 that showed posterior fusion and laminectomy changes from L4-5 to L5-S1 and multilevel mild degenerative disc disease. Currently, the injured worker complained of ongoing back pain with radiating symptoms into the lower extremities. Present medication reduced pain from 7 out of 10 to 3 out of 10. Per the primary physician's report (PR-2) on 6-4-15, exam noted acute distress, unable to sit down, and pacing the floor. Current plan of care included trying alternative medications and decrease narcotic mediations. The requested treatments include Kadian 100mg and Kadian 50mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 100mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80; 92; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Kadian (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that Kadian is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also state they recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Guidelines also recommend a slow taper. The FDA states "KADIAN should not be given more frequently than every 12 hours." Within the documentation available for review, there is indication that this medication is improving the patient's pain (in terms percent reduction in pain or reduced NRS, attributed to the Kadian). There is discussion regarding aberrant use in the patient had a positive drug test for an opioid that was not being prescribed earlier this year. However, the documentation of specific objective functional improvement is lacking. The physician states the patient can do activities for 10 to 30 minutes at a time (like mowing the lawn) even with the medications and later the patient states he is not able to do that without the medication. The physician documents that the patient is "pretty much bedridden" without the medication. Also, what is not clear is if the lowest possible dose is being given as recommend by guidelines and the patient is clearly above the 120 mg morphine equivalents. Furthermore, the current dosing of Kadian at every 6 hours is clearly outside of the FDA approval and recommendation without any clear need for the medication at such a dosing interval. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Kadian (Morphine Sulfate ER) is not medically necessary.

**Kadian 50mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80; 92; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Kadian (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that Kadian is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also state they recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Guidelines also recommend a slow

taper. The FDA states "KADIAN should not be given more frequently than every 12 hours." Within the documentation available for review, there is indication that this medication is improving the patient's pain (in terms percent reduction in pain or reduced NRS, attributed to the Kadian). There is discussion regarding aberrant use in the patient had a positive drug test for an opioid that was not being prescribed earlier this year. However, the documentation of specific objective functional improvement is lacking. The physician states the patient can do activities for 10 to 30 minutes at a time (like mowing the lawn) even with the medications and later the patient states he is not able to do that without the medication. The physician documents that the patient is "pretty much bedridden" without the medication. Also, what is not clear is if the lowest possible dose is being given as recommend by guidelines and the patient is clearly above the 120 mg morphine equivalents. Furthermore, the current dosing of Kadian at every 6 hours is clearly outside of the FDA approval and recommendation without any clear need for the medication at such a dosing interval. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Kadian (Morphine Sulfate ER) is not medically necessary.