

Case Number:	CM15-0147401		
Date Assigned:	08/10/2015	Date of Injury:	06/06/2005
Decision Date:	09/10/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 44 year old male who sustained an industrial injury on 6-6-05. In a medication refill-progress report dated 6-30-15, the treating physician notes diagnoses of lumbosacral spondylosis and reason for consultation-other. The injured worker does not show significant improvement in bilateral low back pain since radiofrequency ablation on 1/15/15, at bilateral medial branches L3-L4 and dorsal rami L5. The plan is to wean off his medication and stop Norco 6-6-15 and he will continue on Kadian 30mg daily and it will be decreased to 20mg per day the next visit. He will continue Ultram ER 150mg daily, Fenoprofen 400mg twice a day and Gabapentin 600mg three times a day. His range of motion has improved and pain has decreased by over 50% and is rated as 3 out of 10. No constipation or sedation noted with the medication. A narcotic contract is on file. A 3-30-15 progress report notes weaning of Hydrocodone and that getting him off opioids in the next 3-6 months will be tried. The requested treatment is Kadian 30mg daily, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-79, 124.

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

Decision rationale: The patient was injured on 06/06/05 and presents with low back pain. The request is for KADIAN 30 MG DAILY #30. The RFA is dated 07/01/15 and the patient's current work status is not provided. The patient has been taking Kadian as early as 01/05/15 and treatment reports are provided from 01/15/15 to 06/30/15. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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 Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 01/15/15 report indicates that the patient rates his pain as a 6/10 and the 03/30/15 report states that the rates it as a 3/10. The 02/11/15 report states that urine drug screen report was analyzed 12/5/14. The only inconsistency was presence of cannabis. The patient has a cannabis card for chronic lumbar spine pain. He has been counseled against its use, on multiple occasions including today. As the rest of the urine drug screen report was consistent with opioid drug treatment protocol. On 04/30/15, he rated his pain as a 4/10. The patient denies any constipation or sedation with the opioid prescription for which the patient has a narcotic contract at this office for ongoing opioid therapy. The 06/30/15 report states that the patient rates his pain as a 3/10. The patient's range of motion has improved and his pain has decreased by over 50%. Although there are general pain scales provided, there are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy. No validated instruments are used either or outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Hydrocodone IS NOT medically necessary.