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| Case Number: | CM15-0184804 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 09/01/2004 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old female, who sustained an industrial injury on 9-1-2004. The injured worker was being treated for lumbar postlaminectomy syndrome. On 8-31-2015, the injured worker reported her flare-up of chronic low back and leg pain has returned to baseline. She reported her medications are taken as prescribed and they increase her function. She reported, "Kadian is most helpful with her chronic pain and Norco for breakthrough pain." Her pain is rated 10 out of 10 on visual analogue scale without medications and 3 out of 10 with medications. The physical exam (8-31-2015) revealed an antalgic gait, tenderness over the bilateral paraspinals, increased pain with flexion and extension, decreased range of motion due to pain, left greater than right positive straight leg raise, normal strength in the lower extremities, intact sensation, a 1+ left Achilles reflex, and a tender left sacroiliac joint. Surgeries to date have included a 3 level discectomy in 2005. Treatment has included physical therapy, acupuncture, a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, heat, ice, and medications including oral pain (Norco since at least March 2015 and Kadian since at least November 2014), topical pain, anti-anxiety, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. On 6-16-2015, a urine drug screen was positive for Alprazolam, Hydrocodone, Hydromorphone, and Morphine. Per the treating physician (6-16-2015 report), a Controlled Substance Utilization Review and Evaluation System (CURES) report was checked and it was consistent. Per the treating physician (8-31-2015 report), the injured worker is not working. On 9-1-2015, the requested treatments included Norco 10/325 mg Qty 120 and Kadian 40 mg Qty 60. On 9-9-2015, the original utilization review partially approved requests for Norco 10/325 #70 (original request for #120) and Kadian 40 mg Qty 35 (original request for #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in September 2004 when she tripped and fell while working in an office and is being treated for low back and leg pain. When seen, medications were decreasing pain from 10/10 to 3/10 with improved function. She was having ongoing depression and anxiety. Physical examination findings included lumbar tenderness and decreased and painful lumbar range of motion. There was positive straight leg raising and a decreased left ankle reflex. There was left sacroiliac joint tenderness. Kadian and Norco were prescribed at a total MED (morphine equivalent dose) of 80 mg per day. In September 2012, MS Contin was being prescribed. In November 2015, although the report references prescribing MS Contin, Kadian was prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Kadian 40 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Kadian (morphine sulfate).

Decision rationale: The claimant has a remote history of a work injury in September 2004 when she tripped and fell while working in an office and is being treated for low back and leg pain. When seen, medications were decreasing pain from 10/10 to 3/10 with improved function.

She was having ongoing depression and anxiety. Physical examination findings included lumbar tenderness and decreased and painful lumbar range of motion. There was positive straight leg raising and a decreased left ankle reflex. There was left sacroiliac joint tenderness. Kadian and Norco were prescribed at a total MED (morphine equivalent dose) of 80 mg per day. In September 2012 MS Contin was being prescribed. In November 2015, although the report references prescribing MS Contin, Kadian was prescribed. Kadian (morphine sulfate) is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine. In this case, the claimant had been taking generic extended release morphine and there is no reason given as to why Kadian is now being prescribed. Although extended release morphine is medical necessity, generic extended release morphine at a 12-hour or 8 hours dosing interval would meet the claimant's needs. Ongoing prescribing of Kadian without planned transition to generic extended release morphine is not medically necessary.