

<b>Case Number:</b>	CM15-0185857		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Washington, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60-year-old male who sustained an industrial injury 08-05-03. A review of the medical records reveals the injured worker is undergoing treatment for low back pain, multilevel degenerative disc disease, and depression secondary to chronic pain. Treatment has included epidural steroid injections, physical therapy, and pain medications. Medical records on 08-19-15 reported the injured worker continued to complain of low back pain which occasionally radiates to his lower extremities and cause foot numbness. The pain is on and off but rated at 10/10 when it flares. His medication (Kadian, Norco and Wellbutrin) control his pain, improves his ability to function and has minimal side-effects. The physical exam revealed normal gait, paraspinal tenderness to palpation in the lumbosacral area, positive bilateral straight leg raise and decreased lumbar spine range of motion. Sensory and motor exam of the lower extremities was normal. The original utilization review (08-31-15) non-certified the request for Kadian 60 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 60 MG #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. non-malignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

**Decision rationale:** Kadian is a controlled-release form of morphine. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of morphine, including morphine equivalent dosing (MED) from use of other opioid medications, is 120 mg per day. One of the major risks of opioid therapy is the development of addiction. The pain guidelines in the MTUS directly address this issue and has a number of recommendations to identify when addiction develops and to prevent addiction from occurring. The present provider is following these recommendations, is appropriately monitoring this patient, notes the improvement in pain control with the use of opioid preparations, and the total dose of opioids (from Kadian and Norco use) is below the 120 mg recommended maximum MED. The provider has also documented stability in dosing. Because the patient is not displaying signs of drug-seeking behavior, the medication is effective in lowering the patient's pain, the patient does not show signs of hyperalgesia and the patient is being appropriately monitored by the treating provider, chronic use of opioids in this instance is not contraindicated. The request is medically necessary and has been established.