

Case Number:	CM15-0189114		
Date Assigned:	10/01/2015	Date of Injury:	11/02/1993
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

This injured worker is a 62 year old female who reported an industrial injury on 11-2-1993. Her diagnoses, and or impressions, were noted to include: chronic migraine without aura; cervical spondylosis and disc degeneration; brachial neuritis; occipital neuralgia; left shoulder adhesive capsulitis; depressive disorder and drug dependence. No current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging of the cervical spine and brain (8-21-2000), cervical spine (7-21-09 & 3-25-05), lumbar spine (1-14-03), and computed tomography of the cervical spine (1-30-01); bilateral carpal tunnel (1994 & 1995); cervical fusion & discectomy (1996); epidural steroid injections; acupuncture; chiropractic treatments; massage therapy; facet joint injection; trigger point injections; occipital nerve block; heat -ice therapy; trans-cutaneous electrical stimulation unit therapy; spinal cord stimulator trial; medication management; and rest from work. The progress notes of 8-24-2015 reported a follow-up visit, from 7-20-2015, with complaints which included that a change in her medication increased her headache and pain, noting: increased pain in the cervical spine, rated 9 out of 10; increased right shoulder, arm and hand pain, rated 8 out of 10; increased pin and tightness in the thoracic spine, rated 8 out of 10; increased head pain, rated 6 out of 10; that she could not walk or perform activities without pain medications; that she was not currently working; and had difficulty with sleep; and that she needed refills of medications. The objective findings were noted to include: no acute distress; tenderness over the bilateral sub-occipital regions, right upper cervical facets, left upper, bilateral mid, and right lower cervical facets; bilateral trapezius spasms; positive bilateral Spurling's sign; and pain with decreased cervical range-of-motion. The

physician's requests for treatment were noted to include a change in medications with the discontinuation of MS Contin 60 mg, #30, and starting her on Kadian 60 mg, #60. The Request for Authorization, dated 8-24-2015, was noted to include Kadian 60 mg, #60. The Utilization Review of 9-4-2015 non-certified the request for Kadian 60 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The progress notes of 8-24-2015 reported a follow-up visit, from 7-20-2015, with complaints which included that a change in her medication increased her headache and pain, noting: increased pain in the cervical spine, rated 9 out of 10; increased right shoulder, arm and hand pain, rated 8 out of 10; increased pin and tightness in the thoracic spine, rated 8 out of 10; increased head pain, rated 6 out of 10; that she could not walk or perform activities without pain medications; that she was not currently working; and had difficulty with sleep; and that she needed refills of medications. The objective findings were noted to include: no acute distress; tenderness over the bilateral sub-occipital regions, right upper cervical facets, left upper, bilateral mid, and right lower cervical facets; bilateral trapezius spasms; positive bilateral Spurling's sign; and pain with decreased cervical range-of-motion. The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as Kadian. Therefore, the request is not medically necessary.