MAXIMUS Federal Services

Case Number:	CM15-0194019		
Date Assigned:	10/07/2015	Date of Injury:	10/08/2007
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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: Anesthesiology, 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 45 year old female, who sustained an industrial injury on 10-8-07. She is diagnosed with chronic pain syndrome, cervicalgia, low back pain, right shoulder impingement syndrome, tendinitis and right carpal tunnel syndrome. Disability status is permanent and stationary. Notes dated 4-15-15 - 9-3-15 reveals the injured worker presented with complaints of right arm, neck, bilateral shoulders, upper and mid back, right elbow, bilateral hands, bilateral knees and bilateral low back pain. She reports the pain and spasticity is constant and described as sharp, aching, cramping, shooting, throbbing, dull, burning, stabbing and electrical. The pain is increased by lifting, sitting, bending, physical activity, stress, standing, twisting, weather changes, cold, walking and poor sleep. The pain is improved by heat, medication and ice. Physical examination dated 4-15-15 - 9-3-15 revealed no acute distress, no signs of over medication, sedation or withdrawal, transfers independently and able to sit upright in a chair during her appointment. She complains of muscle weakness and cramps, bone pain, joint pain and stiffness and back pain. Treatment to date has included medications; Kadian (for at least 6 months), Hydrocodone-Acetaminophen, Ambien, Gabapentin, Naprosyn and Lexapro, which allows her to care for her autistic son and drive him to activities and care for her grandmother. She is able to sit and stand for 30 minutes, do light house chores and grocery shop with medication and she reports the medication reduces her pain from 6-9 out of 10 to 4-7 out of 10, per note dated 8-28-15. Diagnostic studies to date have included urine drug screen dated 4-13-15. A request for authorization dated 8-27-15 for Kadian ER 30 mg #30 is denied, per Utilization Review letter dated 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian ER 30mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 injured worker'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 injured worker'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 injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the injured worker should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or uninjured worker treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires (a) the injured worker has returned to work, (b) the injured worker has improved functioning and pain. There is current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects and review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.