

Case Number:	CM15-0199142		
Date Assigned:	10/14/2015	Date of Injury:	08/11/2003
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, Illinois

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 61 year old male, who sustained an industrial injury on 8-11-2003. Diagnoses include post cervical laminectomy syndrome and mood disorder. Treatments to date include activity modification, Kadian 80mg twice daily and Oxycodone 15mg up to five times daily prescribed for at least one year, physical therapy, and cervical epidural injections noted to provide no relief of pain. On 9-22-15, he complained of no change in the neck pain. Pain levels were rated 8-9 out of 10 VAS without medications and 4.5-5 out of 10 VAS consistently for approximately six months. Current medications included Kadian 80mg twice daily, Oxycodone 15mg, up to five tablets daily, Lexapro, Neurontin, and Omeprazole. The record documented decreased pain and increased functional ability with current medications, noting specifically that without medication the injured worker would remain in bed most of the day due to pain. A urinary drug test dated 7-28-15, was noted as consistent with current treatment and CURES dated 6-30-15 was noted as consistent with no aberrant behavior. The physical examination documented decreased cervical range of motion with tenderness in cervical, rhomboid, and trapezius muscles. The plan of care included continuation of medication therapy. The appeal requested authorization for Kadian 80mg #60 and Oxycodone 15mg #150. The Utilization Review dated 10-6-15, modified the request to allow Kadian 80mg #36 and Oxycodone 15mg #73.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 80 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 8-11-2003. Diagnoses include post cervical laminectomy syndrome and mood disorder. Treatments to date include activity modification, Kadian 80mg twice daily and Oxycodone 15mg up to five times daily prescribed for at least one year, physical therapy, and cervical epidural injections noted to provide no relief of pain. The medical records provided for review do not indicate a medical necessity for Kadian 80 MG Qty 60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. When used for longer than 6 months, the MTUS recommends documentation of pain and functional improvement using numerical scale and comparing with baseline every six months. The Maximum daily recommended Opioid dose is 120 morphine equivalents. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The Medical records indicate the injured worker's use of opioids predates, 07/2014, against the short term recommendation. There is no documented evidence pain and functions are being compared with baseline values. Also the injured worker is taking at least 190 morphine equivalents in a day instead of the recommended 120 morphine equivalents daily maximum. Therefore, the request is not medically necessary.

Oxycodone 15 MG Qty 150: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 8-11-2003. Diagnoses include post cervical laminectomy syndrome and mood disorder. Treatments to date include activity modification, Kadian 80mg twice daily and Oxycodone 15mg up to five times daily prescribed for at least one year, physical therapy, and cervical epidural injections noted to provide no relief of pain. The medical records provided for review do not indicate a medical necessity for Oxycodone 15 mg Qty 150. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. When used for longer than 6 months, the MTUS recommends documentation of pain and functional improvement using numerical scale and comparing with baseline every six months. The Maximum daily recommended Opioid dose is 120 morphine equivalents. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The

Medical records indicate the injured worker's use of opioids predates, 07/2014, against the short term recommendation. There is no documented evidence pain and functions are being compared with baseline values. Also the injured worker is taking at least 190 morphine equivalents in a day instead of the recommended 120 morphine equivalents daily maximum. The request is not medically necessary.