

<b>Case Number:</b>	CM15-0204818		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/31/1997
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 is a 59 year old female who sustained an industrial injury on 12-31-1997. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, muscle spasm, fibromyalgia-myositis and lumbar failed back syndrome. According to the progress report dated 9-8-2015, the injured worker complained of neck and back pain. She reported that medications and occasional trigger point injections continued to "take the edge off her pain by over 60%, allowing her to function in her activities of daily living." She continued to work part time. She rated her pain as 8 out of 10 before taking medications and 3 out of 10 after taking medications. Objective findings (9-8-2015) revealed bilateral, cervical paraspinous tenderness. There was pain with flexion and extension of the neck. There was tenderness at the thoracic paraspinal muscles. Treatment has included trigger point injections and medications. The injured worker has been prescribed Kadian since at least 4-2015. The request for authorization was dated 9-8-2015. The original Utilization Review (UR) (9-16-2015) modified a request for Kadian 20mg capsule extended release from #60 to #40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 20mg capsule extended release 1 twice daily #60:** Upheld

**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, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, demonstration of urine toxicology compliance, return to work, from the exam note of 9/8/15. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.