

Case Number:	CM15-0026374		
Date Assigned:	02/18/2015	Date of Injury:	08/04/2000
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old female injured worker suffered and industrial injury on 8/4/2000. The diagnoses were chronic pain syndrome and lumbosacral intervertebral disc disease with radiculitis. The treatments were medications, physical therapy, aqua therapy, spinal cord stimulator, epidural steroid injections, group and individual psychotherapy. The treating provider reported lumbar pain, bilateral leg numbness and bilateral leg burning, significant increase in back pain and leg pain rated as 9/10. On exam the mobility was slow, using a walker, stiff movements and impaired gait. Movement was severely restricted in all directions and elicits pain in all directions. The Utilization Review Determination on 1/20/2015 non-certified Kadian 80mg #60, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 80mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 81-83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 55 year old female has complained of lower back pain since date of injury 8/4/2000. She has been treated with epidural steroid injections, spinal cord stimulator, physical therapy and medications to include opioids since at least 03/2014. The current request is for Kadian. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Kadian is not indicated as medically necessary.