

Case Number:	CM15-0220686		
Date Assigned:	11/16/2015	Date of Injury:	06/09/2006
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/10/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on June 9, 2006. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic intractable low back pain secondary to lumbosacral degenerative disc disease, bilateral sacroiliac joint dysfunction status post right sacroiliac joint fusion, depression, opioid dependence, bipolar disorder, chronic pain syndrome and dental cavities due to chronic opioid use. Treatment to date has included medication and psychological treatment. On September 21, 2015, the injured worker presented for follow up regarding his chronic low back pain. He was noted to be maintaining his current dose of Kadian and Norco. The pain medications were reported to enable increased activity. Physical examination revealed tenderness on palpation of lumbar paraspinals. Lumbar range of motion was still limited. The treatment plan included Kadian, Norco, docusate sodium, gabapentin, Cymbalta, Nexium, risk management, follow-up visits, urine drug screen and consideration for pharmacogenetic testing. On October 12, 2015, utilization review denied a request for Kadian 60mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Kadian (morphine sulfate).

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.