MAXIMUS Federal Services

Case Number:	CM15-0033951		
Date Assigned:	02/27/2015	Date of Injury:	02/12/2003
Decision Date:	04/10/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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: Georgia, California, Texas
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 (IW) is a 57 year old male, who sustained an industrial injury on February 12, 2003. He has reported nociceptive somatic low back pain as well as neuropathic pain in the bilateral lower limbs with associated burning pain in the left lower extremity. The diagnoses have included chronic and persistent low back pain, status post lumbar 4-sacral 1 interbody fusion on February 17, 2006, ninth rib fracture, resolved, headaches, bilateral carpal tunnel syndrome and severe depression. Treatment to date has included radiographic imaging, diagnostic studies, lumbar spine surgery, psychotherapy, a functional restorative program, conservative therapies, medications and work restriction. Currently, the IW complains of nociceptive somatic low back pain as well as neuropathic pain in the bilateral lower limbs with associated burning pain in the left lower extremity. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He has been treated conservatively and surgically without resolution of pain. He underwent psychotherapy for severe depression secondary to chronic pain and life stressors. He was noted to complete a functional restorative program although the pain continued. He reported an increase in pain control with Kadian however the prescription was changed to Morphine ER. He reported a decrease in pain control with the Morphine ER. Evaluation on December 4, 2014, revealed continued pain. Kadian was requested. On January 23, 2015, Utilization Review non-certified a request for Kadian 20mg #90 with no refill (MED 60), noting the MTUS, ACOEM Guidelines, (or ODG) was cited .On February 23, 2015, the injured worker submitted an application for IMR for review of requested Kadian 20mg #90 with no refill (MED 60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg #90 with no refill (MED 60): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. There has apparently been some concern in the past concerning overuse of opioid pain medications in this case. However, office notes for the past several months document significant symptomatic and functional improvement with the current medications regimen, without significant side effects or aberrant behaviors. Per treating physician, the injured worker reports that generic extended-release morphine sulfate is less effective than brand-name Kadian. Based upon the submitted information and MTUS recommendations, the requested Kadian is reasonable and medically necessary.