

Case Number:	CM15-0040928		
Date Assigned:	03/11/2015	Date of Injury:	03/18/2008
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey

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 59 year old female, who sustained an industrial injury on 3/18/2008. The current diagnosis is degeneration of the lumbar intervertebral disc. Treatment to date has included medications, X-rays, MRI, electrodiagnostic studies, physical therapy, facet block injection (10/9/2014), and lumbar epidural steroid injection (1/19/2012). According to the progress report dated 1/30/2015, the injured worker complains of chronic low back pain. She describes the pain as an achy sensation. The pain is rated 2/10 with medication. The current medications are Amitriptyline, Hydrocodone/Acetaminophen, and Elavil. The current plan of care includes Kadian 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg #60 1 capsule by mouth every 12 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using Norco for pain relief, but this was not approved in recent requests for renewal. Also, there was no evidence of functional gains directly related to Norco use to suggest that the addition of Kadian would be beneficial. Also, there was evidence to suggest the worker was using marijuana while taking opioids, suggesting risk of misuse. Regardless, however, without more recent and clear evidence of functional gains documented in the progress notes directly related to the worker's use of opioids, the Kadian will be considered medically unnecessary.