

Case Number:	CM15-0044066		
Date Assigned:	03/25/2015	Date of Injury:	05/04/1995
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male injured worker suffered an industrial injury on 5/4/1995. The diagnoses were depressive disorder, chronic low back pain with radiculopathy, lumbago, headaches and cervical radiculopathy. The treatments were lumbar fusion and medications. The treating provider reported the medications reduced the pain from 9 to 10/10 down to 6 to 7/10. The injured worker reported without the medications he would be bedridden. The exam revealed the lower back had tenderness with mild spasms in the muscles with reduced range of motion and positive straight leg raise. The cervical spine muscles were tender and limited range of motion due to pain. The requested treatments were: 1. Kadian 30 MG #90. 2. MSIR 15 MG #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89

Decision rationale: The patient presents with low back and cervical spine pain. The physician is requesting KADIAN 30 MG QUANTITY 90. The RFA dated 02/03/2015 shows a request for Kadian 30 mg TID quantity 90. The patient's date of injury is from 05/04/1995 and he is

currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Kadian on 08/07/2014. The 02/03/2015 progress report notes, "patient continues to report significant benefit from Kadian and MSIR, which helps to keep him functional." The patient reports gastrointestinal symptoms with its use. In this same report, the physician references a urine drug screen from 11/13/2014 and a CURES report 12/10/2014 that both show consistent results. However, the urine drug screen from 08/07/2014 show illicit drug use. The patient's pain level without medication is 9/10/10 and 6/7/10 with medication use. He states that with medications he is able to take walks with his dog, perform light household work and perform self-care. In this case, the physician has documented the four A's but has not provided a discussion regarding the illicit drug use. The lack of documentation to support that the patient is utilizing the prescribed medication as instructed is not supported by the MTUS. The request IS NOT medically the necessary.

MSIR 15 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back and cervical spine pain. The physician is requesting MSIR 15 MG QUANTITY 60. The RFA dated 02/03/2015 shows a request for MSIR 15 mg BID #60. The patient's date of injury is from 05/04/1995 and he is currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed MSIR on 08/07/2014. The 02/03/2015 progress report notes, "patient continues to report significant benefit from Kadian and MSIR, which helps to keep him functional." The patient reports gastrointestinal symptoms with its use. In this same report, the physician references a urine drug screen from 11/13/2014 and a CURES report 12/10/2014 that both show consistent results. However, the urine drug screen from 08/07/2014 show illicit drug use. The patient's pain level without medication is 9/10/10 and 6/7/10 with medication use. He states that with medications he is able to take walks with his dog, perform light household work and perform self-care. In this case, the physician has documented the four A's but has not provided a discussion regarding the illicit drug use. The lack of documentation to support that the patient is utilizing the prescribed medication as instructed is not supported by the MTUS. The request IS NOT medically the necessary.