

Case Number:	CM14-0110991		
Date Assigned:	09/16/2014	Date of Injury:	02/14/2011
Decision Date:	10/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old male who is reported to have sustained injuries to his left knee on 02/14/11. On this date he is reported to have developed left knee pain after being in an awkward position. He subsequently underwent left knee arthroscopy on 05/22/11. The injured worker's postoperative course was complicated by the development of reflex sympathetic dystrophy and left lower extremity lymphedema. The record indicates that the injured worker underwent permanent placement of the spinal cord stimulator on 09/13/13 which results in a 25% decrease in pain. Current medications include: Norco, Neurontin, Ambien, Cymbalta, and Ultram. The injured worker has been trialed on Nucynta and Opana ER. The record includes a utilization review determination dated 07/15/14 in which a request for Kadian 30 mg # 60 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg CP24 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The request for Kadian 30 mg #60 is not supported is medically necessary. The submitted clinical records indicate that the injured worker has been implanted spinal cord stimulator and been maintained on multiple medications secondary to reflex sympathetic dystrophy. The record does not provide a clinical indication for this request. Further, the record does not provide data establishing functional improvements with the use of opiate medications. The record does not contain any documentation of urine drug screening to assess for compliance. No recent clinical notes from the requester were available for review. As such, the request is not medically necessary and did not meet California Medical Treatment Utilization Schedule for the continued use of opiate medications.