

Case Number:	CM14-0123230		
Date Assigned:	09/24/2014	Date of Injury:	08/18/2000
Decision Date:	10/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/05/2014

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 Family Practice, 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:

48 yr. old female claimant sustained a work injury on 8/18/2000 involving the neck and back. She was diagnosed with lumbar discogenic disease. She had received lumbar epidural steroid injections and underwent an L5-S1 discectomy. She had been on muscle relaxants and Percocet in 2009. According to a record summary, the claimant had continued back pain during an exam in July 2014. Her pain was 3/10 on Percocet, Kadian and Zanaflex. There was decreased range of motion of the lumbar spine. There was no note of medication abuse. The treating physician requested continuation of Percocet 10 mg 6 times daily and Kadian 50 mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Kadian is morphine. According to the MTUS guidelines, the daily morphine dose equivalent should not exceed 120mg. In this case, the combined morphine equivalent of Percocet and Kadian prescribed equate to 190 mg of morphine. There is inherent risk of

addiction or morbidity with long-term high dose use of opioids. The continued use of Kadian 50 mg BID is not medically necessary.

Percocet 10/325mg 3180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. The daily morphine dose equivalent should not exceed 120mg. In this case, the combined morphine equivalent of Percocet and Kadian prescribed equate to 190 mg of morphine. The continued use of Percocet is not medically necessary.