

Case Number:	CM14-0143376		
Date Assigned:	09/10/2014	Date of Injury:	02/12/2003
Decision Date:	10/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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 General Surgery, has a subspecialty in Surgical Critical Case and is licensed to practice in Texas. 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 57 year old male who was injured on February 12, 2003. The diagnoses listed as major depressive affective disorder single episode moderate degree (296.22). The most recent progress note dated 7/24/14, reveals complaints of nociceptive somatic low back pain as well as neuropathic pain in both lower extremities, described as hot electrical burning pain radiating into primarily the left lower extremity. It was noted that pain level is decreased with the use of Kadian and Percocet. Pain level is rated a 5 out of 10 on visual analog scale (VAS) with medications, improved function by fifty percent, and a 10 out of 10 without medications. Kadian is used every twelve hours for baseline relief and Percocet is used up to twice a day for breakthrough nociceptive axial low back pain. The injured worker reports he is better able to participate in activities of daily living, without the use of medication he would predominantly be confined to a bed or chair. Prior treatment includes H wave unit with benefit helping at least 25 percent and has enabled him to sit stand for longer periods of time, completion of functional restoration program, pain medications, detox program, and nonunion pseudoarthrosis of the L4 to L5 and L5 to S1 fusion anteriorly with posterior fusion and pedicle screw fixation for spondylolisthesis on 2/17/2006, and aquatic physical therapy which was beneficial. A prior utilization review determination dated 8/7/14, resulted in denial of Kadian 20 milligrams quantity sixty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: presumed FRP program recommendations

Decision rationale: This is a injured worker with chronic low back following an alleged industrial injury of 2/13/2003. The chronic pain is complicated further because of Failed Back Surgery Syndrome for which he has been enrolled in Functional Restoration program. The discharge summary from the program is not available for review. It seems that the claimant was unable to decrease the use of prescriptions Kadian and Percocet. Until the full transcript of the FRP discharge is available it would be disruptive to change the current medication regimen. Therefore the request is considered medically necessary. Further prescriptive authority would be dependent upon the findings of the FRP.