

Case Number:	CM14-0092234		
Date Assigned:	07/25/2014	Date of Injury:	04/19/1989
Decision Date:	10/20/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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 Medicine 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 72 year old female who sustained an injury on 04/19/1989. The injured worker has been followed for ongoing chronic low back pain following multiple surgical interventions. The injured worker's medication history was pertinent for Kadian, Soma, Neurontin, Percocet, and Rozerem. The injured worker's urine drug screen was consistent with the use of Oxycodone and Hydrocodone. As of 05/22/14 the injured worker had ongoing pain 6/10 in the lumbar spine that was increased to 10/10 without medications. The injured worker has no side effects from medications or any aberrant findings. The injured worker indicated that she had not been getting Kadian as prescribed and noted increasing muscular spasms and pain. The physical exam noted loss of lumbar range of motion with tenderness to palpation. There was weakness present in the lower extremities. The injured worker had utilized Kadian for an extended period of time with the ability to perform most activities of daily living. Without Kadian, the injured worker indicated that she was not able to perform much of any activity. The injured worker's medications were denied on 06/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian ER 30mg#60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Kadian ER 30 mg quantity 60, this reviewer would have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker was using this medication for baseline pain control with positive effect to included reduced pain and improved function. The injured worker's urine drug screen was consistent with this medication. There was no indication of aberrant medication use or any non-compliance. The Kadian was inappropriately discontinued without any opportunity for weaning. As a result, there is increased pain and overall reduced function. Given the efficacy of this medication as well as the injured worker's compliance, this reviewer would recommend this medication as medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Soma 350 mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.