

Case Number:	CM15-0111744		
Date Assigned:	06/18/2015	Date of Injury:	08/11/2003
Decision Date:	07/16/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency Medicine

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 60 year old male who sustained an industrial injury on August 11, 2008. He has reported back pain and has been diagnosed with post cervical laminectomy syndrome. Treatment has included surgery, medications, injections, physical therapy, and a home exercise program. Inspection of the neck revealed a surgical scar. Movement of the neck were restricted with flexion limited to 40 degrees, extension limited to 15 degrees, left lateral rotation limited to 10 degrees, and right lateral rotation limited to 10 degrees. Tenderness was noted in the cervical spine, paracervical muscles, rhomboids and trapezius. Muscle tone of trapezius was normal and there was no palpable tenderness. The treatment request included Kadian and oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 80mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 78, 86, 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Kadian is an extended release morphine. As per MTUS chronic pain guidelines, there are specific guidelines concerning management of chronic pain with opioids that should be followed while patient is on opioid therapy. Guidelines require documentation of objective improvement of pain and function along with appropriate monitoring for side effects or abuse. Documentation fails criteria for continued opioid therapy. Patient has been on current pain medication for over a year with no change in function or work status. Provider has failed to document any attempts at opioid weaning. Patient currently takes Kadian 80mg twice a day and Oxycodone 15mg up to 5 times a day. In total patient is currently on 272mg Morphine Equivalent Dose(MED) daily which exceed MTUS guidelines on maximum dose of 120mg MED per day. The lack of progression in pain, failure to document long-term plan and excessive daily use of opioids do not support continued opioid therapy. Kadian is not medically necessary.

Oxycodone 15mg, QTY: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 78, 86, 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycodone is an opioid. As per MTUS chronic pain guidelines, there are specific guidelines concerning management of chronic pain with opioids that should be followed while patient is on opioid therapy. Guidelines require documentation of objective improvement of pain and function along with appropriate monitoring for side effects or abuse. Documentation fails criteria for continued opioid therapy. Patient has been on current pain medication for over a year with no change in function or work status. Provider has failed to document any attempts at opioid weaning. Patient currently takes Kadian 80mg twice a day and Oxycodone 15mg up to 5 times a day. In total patient is currently on 272mg Morphine Equivalent Dose(MED) daily which exceed MTUS guidelines on maximum dose of 120mg MED per day. The lack of progression in pain, failure to document long-term plan and excessive daily use of opioids do not support continued opioid therapy. Oxycodone is not medically necessary.