

Case Number:	CM15-0115958		
Date Assigned:	06/24/2015	Date of Injury:	01/21/2002
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 62-year-old male with a reported date of injury of 01/21/2002. The mechanism of injury was forceful bouncing and jerking in his seat. The injured worker's symptoms/injuries at the time of the injury include low back pain with radiation to the bilateral lower extremities. The diagnoses include chronic intractable pain syndrome, facet joint arthropathy of the lumbar spine, sciatica on the left, lumbar degenerative disc disease, chronic low back pain, and combined opioid drug dependency. Treatments and evaluation to date have included an MRI of the lumbar spine in 03/2002 which showed lumbar degenerative disc disease and facet arthrosis; electrodiagnostic studies in 03/2003 which showed bilateral lumbar radiculopathy; lumbar epidural corticosteroid injections; median branch nerve blocks; lumbar discography in 06/2003 and 05/2004; lumbar nerve root epidural injections; oral medications; home heat and ice therapy; psychiatric care; a lumbar corset; and a home exercise program. The progress report dated 05/21/2015 indicates that the injured worker reported that he continued to have very good improvement in pain. He was no longer having spasms, which would cause him to fall. The injured worker had been active and functional. The pain was no longer radiating down the left leg to the foot. His pain increased with physical activities. It was noted that his medication was much more effective, and allowed greater endurance and chore completion. When the pain was elevated, he must use his assistive walking devices. He continued to get help with heavier chores. There were continued rare episodes of constipation. It was noted that the medication regimen was not effective at this time in controlling his pain. Kadian and Methadone were started in 02/2005. The injured worker had been able to reduce the quantity of both the

Kadian and Methadone in the management of his pain with the use of the lumbar nerve root epidural injections. The injured worker's previous pain rating on a good day was 3 out of 10; his current pain rating on good day was 3 out of 10; his previous pain rating on a bad day was 5 out of 10; and his current pain rating on a bad day was 5 out of 10. The physical examination on 4/23/15 showed tenderness to palpation of the lumbar spine; no paraspinal or leg muscle spasm/cramping; poor pelvic rotation during forward flexion; decreased lumbar lordosis; squatting no longer triggered cramping of the left thigh muscles; mild end range of motion stiffness/tenderness; mild sciatica; tibial and peroneal nerve tenderness in the left leg; tenderness at the left femoral nerve at Hunter's canal; decreased lumbar range of motion; negative bilateral straight leg raise test; decreased strength in the left lower extremity; paraspinal muscle spasm; normal sensation to pinprick in the upper and lower extremities; and improved paresthesias in the left L4-5. His work status remained permanent and stationary. There was documentation that a pain management agreement was on file, urine drug screening was performed routinely, the CURES database was reviewed routinely, and an opioid risk screening questionnaire was completed and on file. The progress report dated 04/27/2015 indicates that the injured worker's previous pain rating on a good day was 4 out of 10, his current pain rating on a good day was 3 out of 10; his previous pain rating on a bad day was 9 out of 10; and his current pain rating on a bad day was 5 out of 10. His work status was permanent and stationary. The treating physician requested Kadian 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Kadian 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Morphine sulfate; Opioids for chronic pain; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian, Opioids Page(s): 56, 74-96.

Decision rationale: This injured worker has chronic back pain. Kadian has been prescribed for many years. The MTUS Chronic Pain Guidelines indicate that Kadian is a brand of morphine sulfate, which is an opioid agonist. Morphine is the most widely used type of opioid pain medication for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. The guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has used a treatment plan not using opioids, and that the patient had failed a trial of non-opioid pain medications. On-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was documentation of improved pain relief and function with use of the epidural steroid injection; however, there was no documentation of improved pain or function with use of the opioid, and appropriate medication use. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no documentation of the average pain, intensity of pain after

taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There was no documentation of functional goals, return to work, or improvement in activities of daily living as a result of use of kadian. Opioids for chronic back pain appear to be effective but limited for short-term pain relief, and long-term effectiveness (greater than 16 weeks) is unclear, but also appears limited. The injured worker had been taking Kadian since 02/2005. Therefore, the request is not medically necessary.