MAXIMUS Federal Services

Case Number:	CM15-0117124		
Date Assigned:	06/26/2015	Date of Injury:	10/26/2001
Decision Date:	08/07/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York
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 66 year old, female who sustained a work related injury on 10/26/01. The diagnoses have included intervertebral disc disorder, lumbar spinal stenosis and lumbago. Treatments have included oral medications, Lidex cream, TENS unit therapy, right knee cortisone injection, physical therapy, home exercises and lumbar radiofrequency rhizotomies. In the Visit Note dated 5/14/15, the injured worker complains of lower back pain. She has significant pain relief from recent lumbar radiofrequency rhizotomies that have been administered over the past month. She states she is taking less medications (trazodone and Tylenol #3). She states medications are working well. She has side effects of constipation and dizziness. She is given an overall improvement level of 55%. Her functionality has increased. On physical examination, lumbar range of motion is decreased. She has tenderness, muscle spasms and tight muscle band in lumbar paravertebral muscles. FABER test is positive. She has pain on palpation over the lower lumbar facets. She has mild swelling along lateral right knee joint line. She has tenderness to palpation over the lateral joint line and patella. The provider has asked her to decrease Kadian use from three times a day to two times a day. The treatment plan includes medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 56, 78-80, 124.

Decision rationale: Per CA MTUS guidelines, "Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MSContin, Oramorph SR, Kadian, Avinza)." Long-term use of opioids is not recommended. She has been on Kadian along with Tylenol #4 for an indefinite amount of time. She reports a decrease in pain and an improvement in functional capabilities with the use of medications and her recent radiofrequency rhizotomies. There is no documentation of how the pain levels have changed or what improvements she has made in functional capabilities. The physician has recommended that she decrease use of Kadian from three times a day to two times a day. There are no toxicology screens for review; however the provider documents the IW has random samples checked. The provider also alludes to a pain contract, but the details of this contract are not available in submitted documents. The IW has been reporting improvement of function on this medication, although the specific functional improvement or which medication is causing improvement is not clear from the chart. Without the supporting, specific documentation that is within the guidelines, the request for Kadian is not medically necessary.