

Case Number:	CM15-0117897		
Date Assigned:	06/26/2015	Date of Injury:	10/09/2013
Decision Date:	08/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/18/2015

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 51 year old male who sustained an industrial injury on 10/09/2013. Current diagnoses include lumbar radiculopathy, lumbar facet syndrome, elbow pain, and olecranon bursitis. Previous treatments included medications, trigger point injections, physical therapy, lumbar epidural steroid injection, and TENS unit. Previous diagnostic studies include lumbar spine MRI dated 04/24/2014 and urine drug screening dated 05/22/2015. Initial injuries occurred to the left elbow, left hip, and left buttock when he tripped and fell at work. Report dated 05/22/2015 noted that the injured worker presented with complaints that included a lower backache. Pain level was 4 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). Current medication regimen included ibuprofen, Kadian ER 10 mg, Kadian ER 20 mg, Neurontin, and Roxicodone. Physical examination was positive for a antalgic gait, restricted range of motion with pain in the lumbar spine, tenderness, spasm, and tightness in the paravertebral muscles, lumbar facet loading is positive, tenderness over the posterior iliac spine on the left, tenderness in the left elbow, and decreased sensation over the S1 dermatome on the left. The treatment plan included discontinuing ibuprofen, continue Roxicodone 15 mg, 4/day as needed for pain, continue Neurontin, continue Kadian ER 30 mg (20 mg in the morning and 10 mg at night), continue current work restrictions, and return in 4 weeks or earlier as needed. The injured worker has tried and failed Norco, Catapres-TTS patch, Zofran, and MS Contin. The injured worker continues to work modified duty with work restrictions. Report dated 12/19/2014 noted an increase in Kadian ER from 20 mg daily to 30 mg daily with significant improvement after the increase, which has allowed him to return to work, maintain more activities of daily

living, better sleeping, and less constant discomfort. Report dated 03/28/2014 notes that a trial of Roxicodone will be provided with a plan to decrease once the injured worker resumed the transdermal Fentanyl (TDF) patch. Disputed treatments include Roxicodone 15mg #120, Kadian ER 20mg #30, and Kadian ER 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list-Oxycodone (Roxicodone) Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." Functional improvement means decrease in work restrictions, improvement in activities of daily living, and decreased dependence on medical treatment. The medical records submitted for review does not include the above-recommended documentation. There were no functional improvements noted with the use of the medications, the injured worker continues to be seen on a monthly basis, and there has been no change in work restrictions for over a year. Also the injured worker has had no decrease in dosage and frequency of the prescribed Roxicodone since the initial trial on 03/28/2014. Therefore, the request for Roxicodone 15mg, #120 is not medically necessary.

Kadian ER 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list-Morphine Sulfate ER (Kadian ER) Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to

pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." Functional improvement means decrease in work restrictions, improvement in activities of daily living, and decreased dependence on medical treatment. The medical records submitted for review does not include the above-recommended documentation. There were no functional improvements noted with the use of the medications, the injured worker continues to be seen on a monthly basis, and there has been no change in work restrictions for over a year. Documentation supports that the physician increased the dosage of Kadian ER from 20 mg per day to 30 mg per day on 12/19/2014 and the injured worker has remained at that dosage. Therefore, the request for Kadian ER 20mg #30 is not medically necessary.

Kadian ER 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list-Morphine Sulfate ER (Kadian ER) Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." Functional improvement means decrease in work restrictions, improvement in activities of daily living, and decreased dependence on medical treatment. The medical records submitted for review does not include the above-recommended documentation. There were no functional improvements noted with the use of the medications, the injured worker continues to be seen on a monthly basis, and there has been no change in work restrictions for over a year. Documentation supports that the physician increased the dosage of Kadian ER from 20 mg per day to 30 mg per day on 12/19/2014 and the injured worker has remained at that dosage. Therefore, the request for Kadian ER 10mg #30 is not medically necessary.