

<b>Case Number:</b>	CM15-0123649		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	06/13/1990
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Anesthesiology

### 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 an industrial injury on June 13, 1990. The mechanism of injury was not provided. The injured worker has been treated for back, neck and bilateral upper extremity complaints. The diagnoses have included cervicalgia, neuropathy, opioid dependence, insomnia, adjustment disorder, chronic pain syndrome, cervical radiculopathy without neurological deficit, lumbago, thoracic outlet syndrome, headaches, anxiety and depression. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, physical therapy, psychological assessment, injections, wrist brace and a home exercise program. Work status was not provided in the medical records. Current documentation dated April 28, 2015 notes that the injured worker reported chronic neck pain with radiation to the right upper extremity. Associated symptoms included numbness and tingling in her hands. The pain was rated a 6-7/10 on the visual analogue scale. The injured worker was noted to overall be doing better. The injured worker was noted to be taking Kadian 20 mg 3-4 times a day for pain which helped her. Examination of the cervical spine revealed a decreased range of motion. Shoulder range of motion was decreased on the right to 100 degrees in abduction, which was an improvement from the prior visit. Strength in the bilateral upper extremities was grossly normal. The injured worker underwent a urine drug screen during the visit. The treating physician's plan of care included a request for 2 prescriptions for Kadian 20 mg # 100 and a urine drug screen. The injured worker was to return for follow-up in 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 20 mg Qty 100 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Morphine Sulfate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Morphine Sulfate Page(s): 91-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Kadian (Morphine Sulfate Extended release) is an opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There was no evidence of functional benefit or response to ongoing analgesic therapy, to support continuation of this medication. Medical necessity of the requested medication has not been established. Of note, discontinuation of Kadian should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to the ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, opiate therapy (Kadian) was not found to be medically necessary. Therefore, the requested urine drug screen is not medically necessary.

