MAXIMUS Federal Services

Case Number:	CM15-0129902		
Date Assigned:	07/16/2015	Date of Injury:	09/14/1987
Decision Date:	09/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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 65-year-old male, with a reported date of injury of 09/14/1987. The mechanism of injury was that attaching of a liquid propane tank to a hitch. As the hitch was lowered, the propane shifted in the tank causing a jerking motion giving him an onset of pain. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include bilateral lumbar back pain with radiculopathy, lumbar spinal stenosis, and lumbar postlaminectomy syndrome. Treatments and evaluation to date have included six lumbar spine surgeries, oral medications, and physical therapy. The diagnostic studies to date were not indicated. The medical report dated 06/24/2015 complained of bilateral leg pain, bilateral low back pain, and left ankle/foot pain. The injured worker stated that the least pain was rated 7 out of 10; the average pain was rated 8 out of 10; and the worst pain level was 9 out of 10. It was noted that in the last month without medications, the injured worker stated that the least pain was rated 8 out of 10; the average pain was 9 out of 10; and the worst pain was 10 out of 10. He could tolerate a pain level of 4 out of 10. The injured worker used a cane for assistance. The physical examination showed a forward antalgic gait and a healed vertical scar from the mid-thoracic down to the sacrum. The treatment plan indicated that the treating physician removed MS Contin and changed to Kadian 200mg, one capsule daily for chronic pain. The Kadian is long-acting, and would cover the injured worker's pain for 24 hours. The medical report dated 06/10/2015 indicates that the injured worker reported his functionality was decreased by 50-60% and the frequency and intensity of his low back pain had increased at least 50% as a result of having no Percocet. The treating physician requested Kadian 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 200 MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86 Page(s): 78-82, 86.

Decision rationale: The requested Kadian 200 MG #30 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents". The injured worker has bilateral leg pain, bilateral low back pain, and left ankle/foot pain. The injured worker stated that the least pain was rated 7 out of 10; the average pain was rated 8 out of 10; and the worst pain level was 9 out of 10. It was noted that in the last month without medications, the injured worker stated that the least pain was rated 8 out of 10; the average pain was 9 out of 10; and the worst pain was 10 out of 10. He could tolerate a pain level of 4 out of 10. The injured worker used a cane for assistance. The physical examination showed a forward antalgic gait and a healed vertical scar from the mid-thoracic down to the sacrum. The treatment plan indicated that the treating physician removed MS Contin and changed to Kadian 200mg, one capsule daily for chronic pain. The Kadian is long-acting, and would cover the injured worker's pain for 24 hours. The treating physician has adequately documented the medical necessity for a trial of this long-acting opiate. The criteria noted above having been met, Kadian 200 MG #30 is medically necessary.