

Case Number:	CM15-0172368		
Date Assigned:	09/14/2015	Date of Injury:	01/27/2005
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female, who sustained an industrial injury on 1-27-2005. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include generalized osteoarthritis, Complex Regional Pain Syndrome, type 1 to upper extremity, knee-low leg pain, and cervical radiculopathy. Treatments to date include activity medication, medication therapy, physical therapy and epidural steroid injection. Currently, she complained of ongoing pain to the left shoulder, left knee, neck, and right upper extremity Complex Regional Pain Syndrome (CRPS). The pain was rated 8 out of 10 VAS. Current medications listed included Cymbalta, Kadian, Naproxen, Neurontin, Percocet, Prilosec, and Senokot. On 8-6-15, the physical examination documented tenderness to the upper extremities, right greater than left, tenderness to the cervical spine and shoulder, and the left knee. The plan of care included medications as previously prescribed and changing physical therapy to aqua therapy. The medical records included a pain and-or symptoms relief and functional improvement form completed on an unknown date that indicated without Kadian, pain was rated 10 out of 10 VAS and unable to do small chores and cooking. With Kadian pain was rated 5-6 out of 10 VAS and increased functional activity included being able to do small chores and cooking for short periods of time. The appeal requested authorization for Kadian 20mg #30. The Utilization Review dated 8-17-15, modified the request to allow Kadian 20mg #15 with no refills indicating the medical records did not include documentation regarding objective data to support increased functional ability and decreased pain per the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 20mg #30 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Avinza (morphine sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Kadian (morphine sulfate).

Decision rationale: The claimant has a remote history of a work injury occurring in January 2005 and continues to be treated for neck, right upper extremity, left shoulder, and left knee pain including a diagnosis of CRPS. The claimant reports that Kadian decreases pain from 10/10 to 3- 6/10 and allows for performance of household chores such as cooking. When seen, her BMI was 30. There was significant medial epicondyle tenderness. There was a mildly antalgic gait with use of a cane. Medications were refilled. Kadian and Percocet were prescribed at a total MED (morphine equivalent dose) of less than 55 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Kadian (morphine sulfate), like Avinza, is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. However, Kadian is recommended after failure generic extended-release morphine. Kadian is not recommended as a first-line opioid and there is no documentation of a trial of generic medication. Equianalgesic dosing is available. For this reason, the request is not medically necessary.