

Case Number:	CM15-0174510		
Date Assigned:	09/16/2015	Date of Injury:	08/28/2000
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old male patient who sustained an industrial injury on 08-28-2000. The diagnoses include chronic pain syndrome, lumbar post-laminectomy syndrome, insomnia, thoracic radiculitis, depressive disorder, and low back pain, displacement of lumbar intervertebral disc without myelopathy, spinal stenosis of the lumbar region, degeneration of lumbar intervertebral disc, acquired spondylolisthesis and psychalgia. Per the physician progress notes dated 03-23-2015 to 08-12-2015, he had complains of continuing low back and gluteal pain that radiates to the left ankle and foot, right ankle and foot, calf and thigh. Pain was worse with activity. Pain was relieved with medications. He rated his pain without medications at 10 out of 10 and with medications as 6 out of 10. With his medications, he was able to do simple chores around the house and minimal activities outside of the house 2 days a week. Without his medications, he stays in bed half the day. The physical examination revealed an antalgic gait and pain throughout the lumbar and buttock area, positive straight leg raise bilaterally and restricted and painful lumbar spine range of motion. The medications list includes Hydrocodone 10mg-Acetaminophen 325mg, Lyrica, Kadian, and Ibuprofen. Treatment to date has included diagnostic studies, medications, physical therapy, status post L5-S1 arthrodesis and instrumentation done on 10-31-2011, status post L5-S1 hardware removal with re-exploration foraminotomy on 03-19- 2014, and trigger point injections. He has had urine drug screen on 3/23/15 and 4/28/15 with consistent findings. On 08-12-2015 a RFA requested Lyrica 50mg 2 capsules three times a day #180, Kadian 30mg 1 three times a day #90, Ibuprofen 800mg 1 three times a day #90, and Hydrocodone-Acetaminophen 10-325mg 1 every 4-6 times a day #150.

On 08-25-2015, Utilization Review modified the requested treatment Kadian 30mg, #90 to Kadian 30mg, #68.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg, #90: Overturned

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): Opioids (Classification), Opioids, criteria for use.

Decision rationale: Kadian contains morphine. Morphine is an opioid analgesic. According to CA MTUS guidelines, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. 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 chronic pain." Per the cited 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), Oxycodone (Oxycontin), Fentanyl (Duragesic Patch), Hydromorphone (Palladone)." Patient had chronic low back and gluteal pain that radiates to the left ankle and foot, right ankle and foot, calf and thigh. The patient has objective findings on the physical examination- an antalgic gait and pain throughout the lumbar and buttock area, positive Straight leg raise bilaterally and restricted and painful lumbar spine range of motion. He has undergone lumbar surgeries. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects... Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Pain was relieved with medications. He rated his pain without medications at 10 out of 10 and with medications as 6 out of 10. With his medications, he was able to do simple chores around the house and minimal activities outside of the house 2 days a week. Without his medications, he stays in bed half the day. The patient is also trying non-opioid means of pain control by taking Lyrica and ibuprofen. He has had urine drug screen on 3/23/15 and 4/28/15 with consistent findings. Therefore, based on the clinical information obtained for this review the request for Kadian 30mg, #90 is deemed medically appropriate and necessary for this patient at this time.