

<b>Case Number:</b>	CM15-0061687		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Arizona, 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:

The injured worker is a 79 year old male who sustained an industrial injury to his lower back and left shoulder on August 11, 2003. The injured worker was diagnosed with spinal stenosis of the lumbar spine without neurogenic claudication, degenerative lumbar/lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. Treatment to date has included physical therapy, acupuncture therapy, chiropractic therapy, medications, epidural steroid injection (ESI) and home exercise program. According to the primary treating physician's progress report on February 24, 2015, the injured worker continues to experience lower back and left shoulder pain. Since the last visit, the injured worker reports an increased in activity including walking and lifting light weights. Without medications his pain score is 9-10/10 and 3/10 with medications. At the office visit, he reports 6/10. Examination of the lumbar spine demonstrated tenderness to palpation at the paravertebral muscles and L4-5 facets with decreased range of motion. Posture is normal with an antalgic gait. Current medications are listed as Kadian 20 mg XR 24 hour capsule, 1 orally every 12 hours, Norco 10/325 mg, Celebrex and Amitriptyline. Treatment plan consists of moist heat, home exercise program with stretches, strengthening, regular aerobic activities, urine drug screening and continue current medication regimen and the request for Kadian SR Capsule 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, Morphine is not indicated 1st line for lumbar root pain. Tricyclics, Tylenol or NSAIDs are considered initial for back pain. Kadian is Morphine. The claimant had been on Kadian in combination with Norco and Celebrex for several months. It is unclear the amount of pain relief obtained from each medication. There is no indication of weaning failure or substitution with 1st line medications such as Tricyclics and Tylenol. Continued and chronic use can lead to tolerance. Functional improvement was not well defined while on multiple opioids. The continued use of Kadian is not medically necessary.