

<b>Case Number:</b>	CM15-0070115		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	09/12/1996
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old male, who sustained an industrial injury on September 12, 1996. He has reported back pain and left foot pain. Diagnoses have included thoracic spine compression fracture and left foot crush injury. Treatment to date has included medications, back surgery and imaging studies. A progress note dated January 26, 2015 indicates a chief complaint of left foot pain and back pain. The treating physician documented a plan of care that included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KADIAN 100MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Kadian (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that Kadian is an opiate pain medication. Due to high abuse

potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also state to limit that the dosing not exceed 120 mg oral morphine equivalents per day. Within the documentation available for review, there is indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), documentation regarding side effects, and discussion regarding aberrant use. However the current dose of Kadian is well above the recommend maximum of oral morphine a day. Opioids should not be abruptly discontinued, but fortunately, a prior utilization review allowed for a modified dose of Kadian. In light of the above issues, the currently requested Kadian (Morphine Sulfate ER) is not medically necessary.