

Case Number:	CM15-0070852		
Date Assigned:	04/20/2015	Date of Injury:	05/13/1997
Decision Date:	05/19/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male, who sustained an industrial injury on 5/13/97. He reported low back pain. The injured worker was diagnosed as having chronic low back pain. Treatment to date has included 2 lumbar surgeries the most recent in 1999. A physician's report dated 11/4/14 noted the injured worker was taking Kadian 150mg. A physician's report dated 2/12/15 noted current pain was rated as 6/10. Average pain was rated as 6/10. Pain without medication was rated as 10/10 and pain with medication was rated as 3/10. The injured worker was taking Kadian 50mg. A physician's report dated 2/12/15 noted current neck pain was rated as 6/10 and back pain was rated as 5/10. Pain before medication was rated as 9/10 and pain with medication was rated as 5/10. That report noted current medications included Tramadol 50mg. Currently, the injured worker complains of neck and low back pain. The treating physician requested authorization for Kadian 50mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 50mg #360 (2/22/2015) (03/22/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Kadian 50mg #360 (2/22/2015) (03/22/2015) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain opioids are efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. There is no evidence of significant pain relief or increased function from the opioids used to date therefore the request for Kadian is not medically necessary.