

<b>Case Number:</b>	CM15-0073516		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/16/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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(n) 31 year old male, who sustained an industrial injury on 9/16/01. He reported pain in his left leg. The injured worker was diagnosed as having regional sympathetic dystrophy of the lower extremity. Treatment to date has included a spinal cord stimulator trial, lumbar injections and Kadian 80mg since 9/19/14. On 11/14/14, the injured worker rated his pain 7/10 in the left leg. The subsequent progress notes do not indicate any change in pain level. As of the PR2 dated 3/11/15, the injured worker reports 7/10 pain in the left leg. He indicated that current pain medications allow him to complete activities of daily living. The treating physician noted tenderness to palpation and atrophy. The treating physician requested Kadian 80mg #56.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 80mg quantity 56:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** Kadian is a brand of morphine sulfate. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Despite the continuous use of Kadian, there is no documentation of functional improvement and reduction in pain. In addition, the lowest possible dose was not prescribed in this case and the dosing of this medication is very high. There is no recent documentation of failure of first line pain medications to manage the patient pain. Therefore, the prescription of Kadian 80mg #56 is not medically necessary.