

Case Number:	CM13-0021090		
Date Assigned:	11/08/2013	Date of Injury:	01/31/2003
Decision Date:	07/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old female who reported an injury to her lower back while moving cinder blocks and product off and on tables on 01/31/2003. In the clinical notes dated 10/22/2013, the injured worker complained of severe low back pain of which she rated 10/10 with radiation down both legs with spasm. It was noted that the pain was located 90% from her back versus her legs. It was also noted that the injured worker stated her pains were worse with walking, prolonged standing/sitting, reaching, overhead activities, coughing, and lifting. It was noted that rest, medication, heat, ice, and elevation improved her pain. Prior treatments included L4-5 discectomy, anterior posterior L3 to S1 fusion dated 10/21/2008, lumbar epidurals, and prescription medications. The injured worker's prescribed medications included Dilaudid 4 mg 1 by mouth 3 times a day and 2 at bedtime. It was also annotated that the injured worker used assistive devices for ambulation. There were no physical examinations or diagnoses included within this clinical note. The request for authorization for a medication refill for Dilaudid 4 mg #30 1 by mouth 3 times a day, 2 at bedtime for chronic pain multi sites and lumbosacral neuropathy was submitted on 10/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 4MG, 1 PO 3 TIMES A DAY AND 2 AT HS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT, OPIOIDS FOR CHRONIC PAIN, OPIOIDS, SPECIFIC DRUG LIST Page(s): 93,80,78.

Decision rationale: The request for DILAUDID 4 MG, 1 PO 3 TIMES A DAY AND 2 AT HS is non-certified. The California MTUS Guidelines state that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The Guidelines also recommend ongoing monitoring of chronic pain opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. Hydromorphone (Dilaudid) has side effects that include respiratory depression and apnea of which are a major concern. Injured workers may experience some circulatory depression, respiratory arrest, shock, and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth, and itching. The analgesic dose with a starting dose is 2 mg to 4 mg by mouth every 4 to 6 hours. A gradual increase may be required, if tolerance develops. In the clinical notes provided for review, the injured worker reported that her pain level status was 10/10; however, it is not annotated if this is with or without the use of the prescribed medication. Additionally, there is a lack of documentation of a physical examination and a treatment plan to provide a rationale for the request. Furthermore, the Guidelines recommend that opioids be used for a short-term course; as such, the request lacks the duration of which the prescribed medication is to be taken. Therefore, the request for DILAUDID 4 MG, 1 PO 3 TIMES A DAY AND 2 AT HS is non-certified.