

Case Number:	CM13-0040619		
Date Assigned:	01/15/2014	Date of Injury:	08/22/2007
Decision Date:	11/06/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 years old with an injury date on 8/22/07. Patient complains of ongoing left low lumbar pain, radiating into the buttock area and distal left lower extremity, worse with lumbar extension per 9/20/13 report. The patient recent fell and had to go to the emergency room, and reports exacerbated pain today per 9/20/13 report. The patient has not responded to conservative treatment and limits his home exercise program per 9/20/13 report. Based on the 9/20/13 progress report provided by [REDACTED], the diagnoses are: 1. sacroiliac joint dysfunction 2. facet arthropathy, lumbar 3. s/s lumbar 4. failed back surgery syndrome 5. degenerative disc disease, lumbar 6. lumbar radiculopathy. Exam on 9/20/13 showed "L-spine range of motion limited, to 5 degrees in extension. Antalgic gait. Decreased sensation to pin on left L5 and left S1." Patient's treatment history includes physical therapy and unspecified injections. [REDACTED] is requesting dilaudid 8mg #180. The utilization review determination being challenged is dated 10/2/13. [REDACTED] is the requesting provider, and he provided treatment reports from 1/11/13 to 9/20/13. Based on the 9/20/13 progress report provided by [REDACTED]. [REDACTED] the diagnoses are: 1. sacroiliac joint dysfunction 2. facet arthropathy, lumbar 3. s/s lumbar 4. failed back surgery syndrome 5. degenerative disc disease, lumbar 6. lumbar radiculopathy. Exam on 9/20/13 showed "L-spine range of motion limited, to 5 degrees in extension. Antalgic gait. Decreased sensation to pin on left L5 and left S1." Patient's treatment history includes physical therapy and unspecified injections. [REDACTED] is requesting dilaudid 8mg #180. The utilization review determination being challenged is dated 10/2/13. [REDACTED] is the requesting provider, and he provided treatment reports from 1/11/13 to 9/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8 MG, #180: 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 MTUS, CRITERIA FOR USE OF OPIOIDS Page(s): 76-78 88 and 89.

Decision rationale: This patient presents with lower back pain, buttock pain, and left leg pain. The treater has asked for Dilaudid 8mg #180 on 9/20/13. Patient has been taking Dilaudid since 1/11/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Dilaudid, but there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Therefore, the Dilaudid 8mg #180 is not medically necessary.