

Case Number:	CM13-0042112		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2010
Decision Date:	04/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/16/2013

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, 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 53 year old male with a date of injury of 6/1/10. The listed diagnoses per [REDACTED] are low back pain, hip pain, knee pain, and pain in the lower leg joint. According to the report dated 9/9/13 by [REDACTED], the patient presents with continued low back pain. His activity level has increased. Quality of sleep is fair. The patient states that medications are working well; no side effects are reported. The primary treating physician notes that the patient's pain medication regimen is helpful to decrease pain and increase functional status. Current medications include Cymbalta 30mg and Dilaudid 2mg

IMR ISSUES, DECISIONS AND RATIONALES

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

90 DILAUDID 2MG WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 60-61, 88-89.

Decision rationale: This patient presents with continued low back pain. The primary treating physician is requesting a refill of Dilaudid 2mg up to three times a day for moderate to severe

pain. The patient states that the medication is helpful with pain, but causes some nausea, drowsiness, and constipation; all of these side effects have been manageable. As medical records document, the patient did not tolerate Ultram well and on 6/3/13, the primary treating physician discontinued Ultram and prescribed Dilaudid. The patient's follow up appointment notes from 9/9/13 states that pain medications are working well, and the patient reports a decrease in pain and an increase in functional status. The primary treating physician would like patient to continue Dilaudid. For chronic opiate use, the MTUS guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of analgesia, activities of daily living, adverse side effects, and adverse behavior are required. Furthermore, guidelines also recommend documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. In this case, the primary treating physician does not discuss any specific functional improvement other than stating generally that Dilaudid works well. Furthermore, the primary treating physician does not provide any numerical scale to measure pain as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the continued use of Dilaudid cannot be supported. The request is noncertified.

POLYSOMNOGRAPHY USING A SPLIT NIGHT STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient presents with continued low back pain. The primary treating physician is requesting polysomnography using a split night study. The MTUS and ACOEM Guidelines do not address sleep studies. However, the Official Disability Guidelines state that polysomnography is recommended after at least six months of insomnia complaints at least four nights a week, which is unresponsive to behavior intervention and sedative sleep-promoting medications and after psychiatric etiology has been excluded. Although the progress report dated 6/3/13 describes poor sleep, the primary treating physician has not discussed behavior intervention, a trial of medications, and psychiatric etiology. The primary treating physician also does not describe any morning-time headaches due to insomnia, personality changes, or daytime insomnia. On 1/9/13, the primary treating physician mentions insomnia due to pain, but on 9/9/13, it is stated that the patient's quality of sleep is fair. The requested sleep study is not medically necessary and the request is noncertified.