

Case Number:	CM13-0043534		
Date Assigned:	03/28/2014	Date of Injury:	08/31/2006
Decision Date:	05/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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 Pain Management 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:

This is a male patient with a date of injury of August 31, 2006. A utilization review determination dated October 16, 2013 recommends modified certification of the allotted 4 mg. 210 pills were requested, 140 were certified. Modified certification was due to the patient exceeding 120 mg of morphine equivalents per day. A progress report dated October 17, 2013 includes subjective complaints including low back pain. The note indicates that the patient's pain medication is "appropriate and [used] appropriately." Physical examination identifies normal sensation, ambulation with a walker, and able to extend the spine. Diagnoses include posterior lumbar fusion with persistent pain. The treatment plan recommends switching the patient to buprenorphine. A progress report dated September 26, 2013 indicates that the patient is "tortured by his pain. I cannot figure out what guidelines Workmen's Comp is using to deny his medications. He is nowhere near 100 morphine equivalents. He is post-surgery. He is doing everything right. When he does not have his pain medication, he lies on the bed and cannot go out of the house. He cannot do anything and will have extreme problems doing therapy." The note indicates that the patient is taking MS Contin 30 mg one per day, morphine 15 mg 1 1/2 per day, Cymbalta, and indicates the Valium was recently denied. Physical examination identifies no pelvic tilt, no sacroiliac joint tenderness, no greater trochanter tenderness, reasonably good motion of the lumbar spine, and intact sensation. The diagnosis includes posterior lumbar fusion with significant pain due to lack of adequate pain medication. The note indicates that the patient needs to use pain medication to allow him to get up, move around, and go to therapy. The note recommends hydromorphone 4 mg 7 per day #210 to 4 hours as needed for pain, Nexium, Cymbalta, and diazepam. A physical therapy progress report dated September 26, 2013 indicates that the patient's pain is 8/10 since reduction of his medication. A progress report dated September 9, 2013 indicates that the patient underwent a decompressive laminectomy with

posterior instrumentation infusion on April 23, 2013. The note indicates that physical therapy was helping until his pain medications were reduced. A physical therapy report dated August 22, 2013 indicates that the patient has 8/10 pain with housework. A progress report dated August 22, 2013 indicates that the use of pain medication reduces the patient's pain from 8 - 9/10 to 3/10, the medications are well tolerated with some gastric upset but no intolerable side effects. The medications allow the patient to perform modified activities of daily living. There have been no signs of dose escalation, abuse, or early refills of medication. This is a male patient with a date of injury of August 31, 2006. A utilization review determination dated October 16, 2013 recommends modified certification of the allotted 4 mg. 210 pills were requested, 140 were certified. Modified certification was due to the patient Final Determination Letter for IMR Case Number [REDACTED] 3 exceeding 120 mg of morphine equivalents per day. A progress report dated October 17, 2013 includes subjective complaints including low back pain. The note indicates that the patient's pain medication is "appropriate and [used] appropriately." Physical examination identifies normal sensation, ambulation with a walker, and able to extend the spine. Diagnoses include posterior lumbar fusion with persistent pain. The treatment plan recommends switching the patient to buprenorphine. A progress report dated September 26, 2013 indicates that the patient is "tortured by his pain. I cannot figure out what guidelines Workmen's Comp is using to deny his medications. He is nowhere near 100 morphine equivalents. He is post-surgery. He is doing everything right. When he does not have his pain medication, he lies on the bed and cannot go out of the house. He cannot do anything and will h

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROMORPHONE (DILAUDID) 4MG #210: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-79.

Decision rationale: Regarding the request for Dilaudid, California Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the Dilaudid is improving the patient's function and pain, no intolerable side effects, no aberrant use, and an opiate agreement is in place. Furthermore, the medication is allowing the patient to be more active, which is essential following a fusion surgery. Additionally, the patient is below 120 mg of morphine equivalents, as no other opiates were being prescribed at the time of this prescription. As such, the currently requested Dilaudid is medically necessary.