

Case Number:	CM13-0045047		
Date Assigned:	12/27/2013	Date of Injury:	09/28/2006
Decision Date:	06/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 was injured on 09/28/06 due to an undisclosed mechanism of injury. The specific injuries sustained were not discussed in the documentation provided. It is noted that the patient's current diagnoses include lumbar radiculitis, chronic pain syndrome, chronic insomnia, myofascial syndrome, and neuropathic pain. Documentation indicates the patient is status post lumbar spine surgery in 2006 and 2008. Clinical documentation indicates the patient was evaluated for complaints of low back pain, right hip pain, and mild headaches. He was treated with Dilaudid TID. The patient rated his pain at 6/10 with medications and 10/10 without. The patient reported the medications allowed him to do more activities. Physical examination findings were not provided. It is noted that the patient was believed to have become tolerant to his narcotics and was experiencing increased pain and requiring escalating narcotic dosages. Urine drug screens were consistent with prescribed medications. The patient was recommended referral to NESP-R program for narcotic detoxification and functional restoration. The most recent clinical notes referenced were dated 09/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NSEP-R Program Consultation qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: As noted on page 42 of the Chronic Pain Medical Treatment Guidelines, detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. It may be necessary due to the following: intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness, or lack of functional improvement. These criteria were not addressed in the documentation provided to substantiate the request for NSEP-R Program Consultation qty 1. Therefore, the request for NSEP-R Program Consultation qty 1 is not medically necessary and appropriate.

One prescription of Dilaudid 4mg qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The patient rated his pain at 6/10 with medications and 10/10 without. The patient reported the medications allowed him to do more activities. Additionally, the documentation provided consistent risk assessments for opioid dependence and diversion. Moreover, it is noted that there is an ongoing effort to alter the patient's pain management regimen to achieve a therapeutic homeostasis while utilizing the minimum amount of opioid medications necessary. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, this reviewer recommends ongoing use of opiates at this time. Therefore, the request for one prescription of Dilaudid 4mg qty 90 is medically necessary and appropriate.

One prescription of Dilaudid 8mg qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The patient rated his pain at 6/10 with medications and 10/10 without. The patient reported the medications allowed him to do more activities. Additionally, the discontinuation of the opioid medications

following long-term use at the patient's advanced years would be more detrimental than beneficial. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, the request for Dilaudid 8mg qty 90 is recommended as medically necessary. Therefore, the request for one prescription of Dilaudid 8mg qty 90 is medically necessary and appropriate.

One Prescription of Gabapentin 600 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, Gabapentin is considered as a first-line treatment for neuropathic pain. The clinical documentation failed to provide objective findings to establish the presence of neuropathic pain. Therefore, the request for one prescription of Gabapentin 600mg is not medically necessary and appropriate.