

Case Number:	CM13-0053950		
Date Assigned:	12/30/2013	Date of Injury:	06/15/1991
Decision Date:	10/31/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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 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:

According to the records made available for review, this is a 65-year-old female with a 6/15/91 date of injury, and status post bilateral foot surgery and status post lumbar discectomy and laminectomy. At the time (10/25/13) of request for authorization for Dilaudid 4mg #60 with no refills, for lumbar and cervical spine pain, there is documentation of subjective (bilateral low back pain radiating to the buttocks) and objective (tenderness, decreased range of motion, positive lumbar provocative maneuvers) findings, current diagnoses (lumbar disc protrusion, lumbar stenosis, and lumbar post laminectomy syndrome), and treatment to date (spinal cord stimulator and medications (including ongoing use of Dilaudid)). 11/7/13 medical report identifies that there is decrease in pain from 10/10 to 5/10 with medications, that the UDS is consistent, the patient has no signs of misuse/abuse, has an up-to-date pain contract, and reports no side effects, and is functional with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #60 with no refills, for lumbar and cervical spine pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/low back; table 2, Summary of recommendations, Low back disorders](https://www.acoempracguides.org/low%20back;table%202,Summary%20of%20recommendations,Low%20back%20disorders)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc protrusion, lumbar stenosis, and lumbar post laminectomy syndrome. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is documentation of functional benefit or improvement as a result of Dilaudid use to date. Therefore, based on guidelines and a review of the evidence, the request for Dilaudid 4mg #60 with no refills, for lumbar and cervical spine pain is medically necessary.