

Case Number:	CM13-0062442		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2006
Decision Date:	05/02/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 Florida. 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 75-year-old male who reported an injury on 09/28/2006. The mechanism of injury was not stated. The patient was diagnosed with lumbar radiculopathy, status post lumbar spine surgery in 2006 and 2008, chronic pain syndrome, insomnia, myofascial syndrome and neuropathic pain. The patient was recently seen by [REDACTED] on 11/19/2013. The patient reported persistent lower back pain with radiation to the bilateral lower extremities. The patient reported 5/10 pain with medication and 10/10 pain without medications. Physical examination was not provided. Treatment recommendations included a refill of Dilaudid 8 mg and Dilaudid 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 8MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing

review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient was issued a prescription for Dilaudid 4 mg, 2 tablets every 8 hours, on 09/05/2013 by [REDACTED]. The patient was then seen by [REDACTED] on 10/10/2013 and 10/23/2013. The patient continued to report persistent lower back pain rated 6/10. The patient's prescription for Dilaudid was discontinued by [REDACTED] on 10/23/2013. The patient has reported blurry vision secondary to the use of this medication. The patient continued to report persistent pain despite the ongoing use of this medication. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

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Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient was issued a prescription for Dilaudid 4 mg, 2 tablets every 8 hours, on 09/05/2013 by [REDACTED]. The patient was then seen by [REDACTED] on 10/10/2013 and 10/23/2013. The patient continued to report persistent lower back pain rated 6/10. The patient's prescription for Dilaudid was discontinued by [REDACTED] on 10/23/2013. The prescription was then resumed on 11/19/2013. The patient has reported blurry vision secondary to the use of this medication. The patient continued to report persistent pain despite the ongoing use of this medication. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.