

Case Number:	CM13-0067903		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2010
Decision Date:	06/04/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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, Pain Medicine 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 injured worker is a 66-year-old male who reported an injury on 03/11/2010. The mechanism of injury was not stated. Current diagnoses include spinal/lumbar degenerative disc disease, low back pain, and lumbar facet syndrome. The injured worker was evaluated on 11/25/2013. The injured worker reported 8/10 lower back pain with poor sleep quality and activity limitation. Current medications include Dilaudid 2 mg. Physical examination revealed restricted lumbar range of motion, tenderness to palpation with tight muscle band and spasm, hypertonicity, positive lumbar facet loading maneuver, tenderness over bilateral facet joints, decreased sensation to light touch in the left lower extremity, and diminished strength. Treatment recommendations at that time include continuation of current medication

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 2MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76.

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

Decision rationale: The California MTUS Guidelines state 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. The injured worker has utilized Dilaudid 2 mg since 07/2013. The injured worker continues to report 8/10 pain with poor sleep quality and activity limitation. There is no evidence of objective functional improvement. Therefore, the request for Dilaudid 2mg Bid #60 is not medically necessary.