

Case Number:	CM14-0000851		
Date Assigned:	01/22/2014	Date of Injury:	07/17/2009
Decision Date:	07/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey Medicine. 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:

██████████ is a 47-year-old man who sustained a work-related injury on July 17, 2009. He subsequently developed a chronic low back pain and neck pain. The pain was radiating below both AND both legs with weakness on the right foot. The patient underwent a lumbar spine surgery on January 4, 2010. However he remained symptomatic. According to the note dated on June 6, 2013, patient was complaining of low back pain radiating to the right leg with numbness and neck stiffness. The patient stated that he has a fracture of the right hip in addition to his low back pain. At the time of consultation, the patient was treated with Dilaudid, Norco and Valium. His physical examination demonstrated lumbar tenderness with reduced range of motion, mild right hip tenderness and mild right knee tenderness. His most recent MRI performance before July 16, 2013 demonstrated L4-L5 grade 1 spondylolisthesis, He was subsequently treated with pain medications including narcotic and antidepressant drugs and several epidural injections. The provider requested authorization to continue Dilaudid. Dilaudid was prescribed since at least 2013 without continuous clear monitoring. The provider requested authorization to use Dilaudid 8 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 8MG, 8-10 TABLETS DAILY, MED 320: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: The patient has a history of alcohol abuse as well as significant comorbidities and have been using narcotic for several years without consistent urine drug screen. There is no objective documentation of pain severity level and functional improvement to justify continuous use of high narcotics dose in this patient. Previous reviews recommended weaning the patient from Dilaudid because of unjustified use of high dose of opioids that exceeded the max recommended dose. There no clear documentation of the efficacy/safety of previous use of Dilaudid. There is no recent evidence of objective monitoring of compliance of the patient with his medications. The patient was already on short and long acting opioid medication (Norco and Dilaudid). There is no indication and rational for the use of short and long acting opioids in this case. Therefore, the prescription of Dilaudid 8mg, 8-10 tablets daily, med 320, (1) refill #30 is not medically necessary at this time.