

Case Number:	CM14-0006564		
Date Assigned:	03/03/2014	Date of Injury:	03/11/2010
Decision Date:	07/14/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/17/2014

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 Internal Medicine 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:

This is a 66-year-old male, with a date of injury of 3/11/10. The mechanism of injury was not noted. On 12/23/13, he complained of low back pain, radiating down to both legs. He states that the pain level has decreased since the last visit and has no new problems or side effects. His sleep is poor and activity level has decreased. The objective findings include a well-nourished, well-developed patient who appears to be in mild to moderate pain. He has a slowed gait and does not use assistive devices. His lumbar spine reveals straightening of spine with range of motion (ROM) restricted with flexion to 43 degrees and extension limited to 10 degrees. The diagnostic impression is Lumbar Facet Syndrome; Low Back Pain; Sprain lumbar region and Spine/Lumbar degenerative disc disease (DDD). The treatment to date includes: exercise program; physical therapy (PT); and medication management. A utilization review (UR) decision dated 1/10/14, denied the request for Dilaudid because the ongoing use of opioids is not warranted, without evidence that the patient continues to demonstrate an improvement in pain and function. The records note that the patient continues to work less efficiently despite the ongoing use of Dilaudid. There is documentation of a positive urine drug screen for Dilaudid, however, there was no documentation of a signed opioid agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 2MG TABLET SIG #60: TAKE ONE (1) TWICE DAILY, AS NEEDED FOR THE PURPOSE OF WEANING TO DISCONTINUE OVER A WEANING PERIOD OF TWO (2) MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: The Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of a Controlled Substance Utilization Review and Evaluation System (CURES) Report or an opiate pain contract. The request was modified to allow the patient one (1) refill of Dilaudid for the purpose of weaning to discontinue the drug over a period of two (2) months. There is no documentation of results of the weaning of the medication. Therefore, the request is not medically necessary.