

Case Number:	CM14-0102090		
Date Assigned:	09/16/2014	Date of Injury:	12/11/2000
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 46 year old with an injury date on 12/11/00. Patient complains of worsening lower lumbar pain radiating into bilateral lower extremities, with pain rated 6/10 with medications and 10/10 without medications per 5/5/14 report. Patient is currently taking Soma, Dilaudid, and Methadone per 5/5/14 report. Based on the 5/5/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar radiculopathy 2. post lumbar laminectomy syndrome 3. spasm of muscle 4. spinal/lumbar degenerative disc disease 5. lower back pain 6. toxic effect of tobacco. Exam on 5/5/14 showed "L-spine range of motion severely limited especially extension which is 0 degrees. Positive straight leg raise bilaterally." [REDACTED] is requesting Dilaudid 4mg #30 and Methadone 10mg #270. The utilization review determination being challenged is dated 6/4/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/20/14 to 9/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with lower back pain radiating into bilateral legs. The treater has asked for Dilaudid 4mg #30 on 5/5/14. Patient is currently not working. Patient has been taking Dilaudid since 1/20/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include the opiate, but there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

Methadone 10mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids. Decision based on Non-MTUS Citation FDA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with lower back pain radiating into bilateral legs. The treater has asked for Methadone 10mg #270 on 5/5/14. Patient is currently not working. Patient has been taking Methadone since 1/20/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include the opiate, but there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.