MAXIMUS Federal Services

Case Number:	CM14-0102675		
Date Assigned:	07/30/2014	Date of Injury:	01/09/1998
Decision Date:	09/19/2014	UR Denial Date:	06/06/2014
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 52-year-old female with a date of injury of 01/09/1998. The listed diagnoses per [redacted] are: 1. Lumbago. 2. Cervical DDD. 3. Lumbar DDD. 4. Cervical facet arthropathy. 5. Lumbar facet arthropathy. 6. RSD upper limb. The medical file provided for review includes 1 progress report dated after the utilization review. According to progress report 06/16/2014, the patient presents with chronic neck and low back pain. She has symptoms of muscle weakness, difficulty walking, difficulty falling asleep, and difficulty remaining asleep. Treater states the patient is stable on medication and is having no adverse effects. She is unable to work due to her medical injuries, and her pain level remains high at an 8/10. Current medication regimen includes Flexeril 10 mg, Cymbalta 60 mg, carisoprodol 350 mg, Lunesta 2 mg, Xanax 0.5 mg, Flector transdermal patch 1.3%, Dilaudid 4 mg, Norco 10/325 mg, Duragesic transdermal patch 50 mcg. Treater states Workers' Comp has not authorized her medications, and she has been taking them for over 5 years. She has contacted her attorney and will be filing a lawsuit and asking sanctions. This is a review for refill of Dilaudid 4 mg #120. Utilization review denied the request on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics; McGraw Hill 2006; Physician's Desk Reference 68th edition; Official Disability Guidelines Drug formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic neck and low back pain. The medical file provided for review includes 1 progress report by [redacted] which is dated after the utilization review of 06/06/2014. The treater is requesting a refill of Dilaudid 4 mg #120. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Utilization review denied the request stating the patient is receiving 64 mg of morphine equivalent dosing per day with a Dilaudid, however, in combination with Norco and the fentanyl, she is receiving 224 mg of morphine equivalent dosing per day which is well above the maximum recommended by ODG of 120 mg. In this case, the treater does not discuss functional improvement with taking long term opiate. He does not use a pain scale to denote decrease in pain with taking medication. He only states the patient's "pain level remains high at an 8/10." MTUS requires analgesia and documentation of ADL's and functional changes for long term opioid use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.