

Case Number:	CM14-0106359		
Date Assigned:	07/30/2014	Date of Injury:	10/02/2008
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/09/2014

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 and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 10/02/2008 due to an unspecified mechanism of injury. On 06/18/2014, he reported bilateral lower back pain that was worsened with treatment and continued to increase. He rated his pain at a 10/10, and noted it to be constant but variable in intensity. Associated symptoms included bilateral lower extremity weakness, numbness in the bilateral lower extremities, tingling in the bilateral lower extremities, stiffness and spasm of the low back, and interference with sleep due to pain. His response to medication management was documented as feeling a 50% decrease in pain. There were no adverse side effects reported, and it was noted that he would continue with the present dosage. A physical examination revealed that the patient was overweight and appeared to be in mild distress. A neurological examination revealed the injured worker to be depressed, agitated, with a flat affect. He ambulated with an antalgic gait and used a cane. He was diagnosed with psychalgia and lumbar postlaminectomy syndrome. The surgical history included bilateral shoulder surgery performed on unspecified date and spinal surgery in 1984. Documentation regarding diagnostic studies was not provided for review. Medications included Dilaudid 4 mg 1-2 tabs every 3 hours as needed, NDSS 250 mg 1 twice a day by oral route as directed for 30 days. Past treatments included medications. The treatment plan was for Dilaudid 4 mg #150. The request for authorization form was signed on 06/18/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The clinical note dated 06/18/2014 showed that the injured worker still had significant pain which he rated at a 10/10. It was stated that he revealed a 50% decrease in pain with medications and reported no adverse side effects. The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. A satisfactory response may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. An opioid should be discontinued if there is no overall improvement in function unless there are extenuating circumstances. Based on the clinical information submitted for review, the injured worker did not have a satisfactory response to treatment with this pain medication as indicated by his 10/10 pain rating. There was a lack of documentation regarding pain relief, appropriate medication use, and objective functional improvement with the use of this medication. In addition, the requesting physician did not provide the frequency of the medication within the request. In the absence of this information, the request would not be supported by the guideline recommendations. As such, the request is not medically necessary and appropriate.