

Case Number:	CM14-0185937		
Date Assigned:	11/13/2014	Date of Injury:	06/15/1991
Decision Date:	12/22/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 & 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 65-year-old female with a date of injury of 06/15/1991. According to progress report 10/23/2014, the patient presents with bilateral lower back pain radiating to the buttocks. The patient rates pain at 2/10 on visual analog scale. The patient's current medication regimen includes lorazepam, Wellbutrin, Dilaudid, trazodone, levothyroxine, Abilify, pantoprazole, Lexapro, Lipitor, Opana ER 20 mg. Examination revealed tenderness upon palpation of the paralumbar paraspinal muscles overlying the bilateral L3 to S1 facets joints, bilateral sacroiliac joint regions and cervical paraspinal muscles. There is left trapezius focal tenderness with circumscribed trigger points noted. Range of motion of lumbar spine and cervical spine are restricted on all directions. The listed diagnoses are: 1. Status post spinal cord stimulator IPG battery replacement. 2. Status post bilateral sacroiliac radiofrequency nerve ablation. 3. Lumbar sprain/strain. 4. Status post positive fluoroscopically-guided diagnostic bilateral sacroiliac joint injection. 5. Bilateral sacroiliac joint pain. 6. Bilateral lumbar facet joint pain. 7. Lumbar facet joint arthropathy. 8. Lumbar disk protrusion. 9. Lumbar stenosis. 10. Lumbar post-laminectomy syndrome. 11. Cervical disk protrusion, radiculopathy, stenosis, and degenerative disk disease. 12. Hypothyroid, anxiety, depression, and GERD. This is a request for Opana ER 15 mg #60 and Dilaudid 4 mg #60. Utilization review denied the request on 11/04/2014. Treatment reports from 04/15/2014 through 10/23/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88-89,78.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Opana ER 15 mg #60. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been taking Opana ER since at least 06/10/2014. Progress reports 10/23/14, 3/25/14, 7/31/14 and 6/10/14 indicates the patient has decrease in pain of average of 60%. The patient reports increase in activities of daily living such as self-care and dressing. The treater states that with this medication, the patient's disability on the Oswestry Disability Index is 2.0 as 46%. Without this medication, disability rating is 68%. Patient has an up to date pain contract and previous UDS was consistent with the medications prescribed. The treater states the patient has no adverse side effects with medications and no signs of aberrant behaviors. In this case, given the patient's chronic pain and treater's sufficient documentation for opiate management, the request is medically necessary.

Dilaudid 4mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88-89,78.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Dilaudid 4 mg #60. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been taking Dilaudid 4mg since at least 06/10/2014. Progress reports 10/23/14, 3/25/14, 7/31/14 and 6/10/14 indicates the patient has decrease in pain of average of 60%. The patient reports increase in activities of daily living such as self-care and dressing. The treater states that with this medication, the patient's disability on the Oswestry Disability Index is 2.0 as 46%. Without this medication, disability rating is 68%. Patient has an up to date pain contract and previous UDS was consistent with the medications prescribed. The

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