MAXIMUS Federal Services

Case Number:	CM14-0186183		
Date Assigned:	11/14/2014	Date of Injury:	12/08/2001
Decision Date:	12/23/2014	UR Denial Date:	10/09/2014
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 and Rehabilitation, has a subspecialty in Pain Management 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 61 year old female with an injury date of 12/08/01. The 07/09/14 report states that the patient presents with pain in the lower back, left leg, neck and upper extremities. The reports do not state if the patient is working. Examination of the lower back reveals paravertebral tenderness and tenderness on palpation of the paraspinals with positive straight leg raise test on the left. Further examination shows the range of motion of the neck is limited in all directions with paraspinal muscle spasm present bilaterally. The patient's diagnoses are: 1. Lumbar "Disc"2. Lumbago3. Pain, Cervical4. Lumbar radicular pain5. Cervical "Disc"6. Radiculopathy, cervical7. Postlaminectomy syndrome, lumbar region.Medications as of 07/09/14 are listed as Dilaudid, Venlafaxine, Atorvastatin, Lorazepam, Lisinopril, Omeprazole, and Amlodipine Besylate. The utilization review being challenged is dated 07/16/14. Reports were provided from 07/16/08 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 mg: Upheld

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

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

Decision rationale: The patient presents with lower back, left leg, neck and upper extremity pain. The provider requests for Dilaudid 2 mg (Hydromorphone an opioid). The reports provided show this patient has been taking this medication since at least 01/07/14. 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. The reports show that pain is not routinely assessed through the use of pain scales. The provider does state on 01/14/14 and 04/08/14 that medications reduce the patient pain by 40%, on 07/09/14 by 50% and on 10/01/14 the provider states medications help pain. On 06/11/14 the provider states that without medications pain is increased and pain limits ADLs. However, no specific activities of daily living (ADL's) are mentioned to show a significant change with use of this medication. Opiate management issues are partially addressed. Reports from 04/08/14 to 09/03/14 repeatedly state that the patient has been compliant with the pain management/controlled substances agreement. However, no urine toxicology reports are provided or discussed and there is no mention of CURES, adverse side effects or aberrant behavior. No outcome measures are provided as required. In this case, there is not sufficient documentation to support long-term opioid use as required by MTUS. Therefore, Dilaudid 2 mg is not medically necessary and appropriate.