

Case Number:	CM14-0037844		
Date Assigned:	06/27/2014	Date of Injury:	02/22/2011
Decision Date:	12/31/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/31/2014

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 50-year-old female with date of injury of 02/22/2011. The treating physician's listed diagnoses from 03/14/2014 are: 1. Degeneration of the lumbo/lumbosacral intervertebral disk. 2. Spinal stenosis of the lumbar region without neurogenic claudication. 3. Chronic pain due to trauma. 4. Spondylosis of unspecified side without myelopathy. 5. Malignant neoplasm, nipple and areola, female breast. 6. Post-mastectomy, lymph edema syndrome. 7. Post-laminectomy syndrome, lumbar region. 8. Displacement disk site, unspecified, without myelopathy. According to this report, the patient complains of neck, right posterior and anterior thigh with intermittent groin pain. She describes her pain as constant throbbing, achy pain that is sudden which is helped by epidural injections and pain medications. Associated symptoms include weakness in the legs. Examination shows decreased range of motion in the cervical and lumbar spine due to pain. There is tenderness over the bilateral cervical paraspinal muscles, lumbar paraspinal muscles and bilateral sacroiliac joints. The patient has a normal gait. Straight leg raise test is positive bilaterally. Sensation to light touch is intact and symmetrical in the C5-C8 and L2-S1. The documents include medial branch block operative reports and facet injection reports from 09/11/2013 to 12/13/2013 and progress reports from 09/13/2013/ to 03/14/2014. The utilization review denied the request on 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89; 78.

Decision rationale: This patient presents with neck pain, right posterior and anterior thigh with intermittent groin pain and bilateral leg cramping. The treater is requesting DILAUDID 4 MG QUANTITY 100. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. It is unclear from the reports provided when the patient started taking Dilaudid, but it appears that she was prescribed this medication prior to 03/14/2014. The patient went back to work on modified duty on 02/16/2014. The 03/14/2014 report notes, "Dilaudid 4 mg p.o. q. 4 hours max/60, helps daily pain to be tolerable, provides the ability to concentrate better at work." The patient also notes that her current prescribed pain medications provide the ability to perform the following activities: play with her children with less discomfort, work for longer hours, perform household chores, exercise more frequently. In the same report, the patient notes that her current pain level is 5/10. The UDS from 01/28/2014 show consistent results with prescribed medications. While the treater does not document before and after pain scales and side-effects, the patient does report significant benefit while utilizing Dilaudid including "the ability to concentrate better at work" and her current UDS is consistent. Recommendation is for authorization.