

Case Number:	CM14-0039965		
Date Assigned:	06/27/2014	Date of Injury:	07/10/1995
Decision Date:	08/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/04/2014

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 California and Washington. 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 55-year-old male who was injured on 07/10/1995. The mechanism of injury was not provided with the documentation. The injured worker's prior treatments were noted to be medications and chiropractic care. His diagnoses were noted to be lumbar or lumbosacral disc degeneration, lumbago, neuralgia, neuritis, and radiculitis not otherwise specified. The Primary Treating Physician's Progress Report dated 05/12/2014, notes the injured worker with complaints of low back pain. His average pain level on a scale of 1 to 10 was a 4/10 with medications and it was a 7/10 without medications. He also complained of back pain with spasms but no numbness, tingling, or weakness. He reported using chiropractic care for pain management. The physical examination of the lumbar spine noted spasm and tenderness on both sides of the paravertebral muscles. Tenderness was noted on L4, L5 and S1. Straight leg raise test was negative. Motor examination was grossly normal for the bilateral lower extremities. All lower extremity reflexes were equal and symmetric and there was decreased sensation along the left L5 dermatome and L4. The treatment plan is for the injured worker to continue with his remaining chiropractic sessions. The provider's rationale for the request was not provided within the documentation. The Request for Authorization for medical treatment was also not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #20 (Retroactive - date unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids. Decision based on Non-MTUS Citation <http://www.odg-twc.com> weaning, opiates (specific guidelines).

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

Decision rationale: The request for Dilaudid 2 mg #20 (retroactive - date unknown) is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation provided for review fails to provide an adequate pain assessment. It is not noted that there has been a recent urine drug screening. It is not documented that there is a pain agreement. The provider's request fails to give a frequency. Therefore, the request for Dilaudid 2 mg quantity 20 (retroactive - date unknown) is not medically necessary.