MAXIMUS Federal Services

Case Number:	CM14-0049297		
Date Assigned:	06/25/2014	Date of Injury:	01/31/2003
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Medicine and is licensed to practice in Texas. 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 40 year old female who sustained work related injuries on 01/31/03. On this date the injured worker was reported to have reset nine to ten table displays, which involved moving cinder blocks and product off and on tables where the injured worker developed a sharp pain to her low back and felt a pop. A course of conservative management with no benefit was done and later the injured worker underwent an L4-5 discectomy on 01/05 with no benefit from this procedure and subsequently underwent an L3 to S1 fusion on 10/21/08. When seen in initial consult by a treating physician, pain levels of 10/10 radiating down both legs with spasms was reported. This initial consultation note was incomplete and review of the records did not find the remainder of this note. Most recent clinical notes were vague and did not provide detailed clinical information. The records did not document visual analog scale scores. Review of the records indicated that the injured worker underwent urine drug screen for compliance testing serial records suggested that the injured worker had cervical myospasms the record included utilization review dated 03/05/14 in which a request for Dilaudid 4mg #120 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilauded 4 mg #120 on 1/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods,Hydromorphone (Dilauded, generic available) Page(s): 76,78,81, 86, 89, 93. Decision

based on Non-MTUS Citation California Controlled Substance Utilization Review and Evaluation System (CURES, http://ag.ca.gov/bne/trips.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates pages Page(s): 74-80.

Decision rationale: The request for Dilaudid 4mg #120 on 01/14/14 is not supported as medically necessary. The submitted clinical information indicates that the injured worker has a failed back surgery syndrome and has significantly high levels of pain graded 10/10 despite being on opiate medications. It is noted in the record that a spinal cord stimulator trial was declined by the injured worker. The serial records provide no substantive data such as visual analog scale scores to establish the efficacy of this medication. There is no information which indicates that the use of this medication results in substantive functional improvements as such the injury or as such the request would not meet California Medical Treatment Utilization Schedule for continued use of this medication. Therefore is not medically necessary.