

Case Number:	CM14-0060328		
Date Assigned:	07/09/2014	Date of Injury:	05/20/2002
Decision Date:	08/29/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/01/2014

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. 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:

This patient sustained an injury on 5/20/02 while employed by [REDACTED]. Request under consideration include Dilaudid 4mg. The patient is status post anterior lumbar interbody fusion (ALIF) of L2-3 on 1/8/07; ALIF of L5-S1 on 1/11/10; and Gill laminectomy on 10/11/11. Opiates have been prescribed and utilized since at least 2006. Report of 11/13/13 from the provider noted ongoing chronic low back pain unchanged at rate of 7/10. Report of 1/23/14 indicated constant severe pain in lumbar spine radiating to left leg into knee with associated numbness/tingling; pain rated at 8/10. Exam showed moderate-to-severe distress; exam deferred due to extreme distress. Diagnoses included status post L2-3 disc replacement surgery; disc disease/ radiculopathy/ status post L4-5 artificial disc replacement/ chronic pain. Treatment noted the patient currently is doing well with medications; refills of Dilaudid, Neurontin, Oxycodone, Duragesic patches, Nucynta, and Ondansetron. The patient remained on temporary total disability (TTD) until the next visit. Report of 3/27/14 noted the patient with same pain level of 7/10; not feeling better and his medications are not working well. Treatment was to continue pain medications. The request for Dilaudid 4mg was non-certified on 4/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-96, On-Going Management Page(s): 74-96.

Decision rationale: Per the California MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain and should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There are no results from any random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Dilaudid 4mg is not medically necessary and appropriate.