

Case Number:	CM14-0069913		
Date Assigned:	07/14/2014	Date of Injury:	08/30/1999
Decision Date:	08/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/15/2014

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 & Rehab and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old female was reportedly injured on 8/30/1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 5/13/2014, indicated that there were ongoing complaints of low back pain that radiated into the bilateral lower extremities. The physical examination demonstrated lumbar spine antalgic gait using a walker, positive tenderness to palpation of the paravertebral muscles bilaterally, tenderness over the SI joints bilaterally and tenderness over the right greater trochanter. The injured worker has decreased sensation of the left L3, L4, L5, S1 dermatomes and decreased range of motion with pain. Straight leg raise was positive on the left side of 30, and negative on the right side. With positive SI joint provocative testing and positive Fortin's sign. Positive compression and positive thigh thrust. No recent diagnostic studies are available for review except for x-rays of the lumbar spine which revealed fusion at L2-S1. There is mild to moderate degenerative joint disease of the SI joint. Previous treatment included previous surgeries, physical therapy, injections, and medications. A request had been made for Dilaudid 4 mg #120, MS Contin 60 mg #90 and was not certified in the pre-authorization process on 5/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-75, 78, 93.

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