

Case Number:	CM14-0084542		
Date Assigned:	07/21/2014	Date of Injury:	09/23/1995
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 & 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 60 year old female with an injury date of 09/23/95. Based on the 02/06/2013 progress report, the patient complains of back pain and moderate distress. Her neck is supple to palpation. She has also noticed some tingling and numbness in her legs which has gotten worse based on the 04/23/2014. The patient has constant, no radiating pain which increases with activities and describes her pain as shooting, throbbing, tender, burning, and miserable, rating her pain as a 7/10 to 8/10. She receives about 30% pain relief with the use of her medications. The patient also reports coughing, wheezing, muscle aches, arthralgia/joint pain, and back pain. The patient's diagnoses include the following, degeneration of lumbar intervertebral disk, lumbar facet joint pain, depressive disorder, and neuritis and myofascial pain. The utilization review determination being challenged is dated 05/19/2014. Two treatment reports were provided from 02/06/2013 and 04/23/2014.

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: Hydromorphone (Dilaudid; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88-89.

Decision rationale: Based on the 02/06/2013 progress report, the patient presents with back pain. The request is for Dilaudid 4 mg #720. There is no indication of when the patient began taking this medication. The patient is also taking Senna, Neurontin, Norco, and Reglan. MTUS Guidelines pages 88 and 89 state, "Patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcomes measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, there were no pain scales provided nor were there any changes in activities of daily living discussed. The physician failed to mention that the patient had any adverse side effects or adverse behavior. Therefore the request is not medically necessary.