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| Case Number: | CM14-0181202 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 11/04/2003 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New Jersey. 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 56-year-old female who reported an injury on 11/04/2003. Her mechanism of injury was unspecified. Her diagnoses include disc protrusion of the lumbar spine, status post unsuccessful stimulation trial, failed back surgery syndrome lumbar spine, low back pain with right greater than left lower extremities pain, osteoarthritis and myofascial muscle spasms. Past treatments include physical therapy, discogram, pain management, medications, home exercise, surgery, spinal cord stimulator and injections. On 10/03/2014, the injured worker was seen for chronic pain management. The injured worker complained of low back pain of 5/10. The physical exam revealed she was stable on Opana and Norco. It was further indicated that she had failed conservative therapies, which include medications, injections and a spinal cord stimulator. The physician recommended a trial of an intrathecal pump. Her current medications were noted to include Opana, Norco and Narcan sulfate. The treatment plan included a trial of Dilaudid and a follow-up with the treating physician. The rationale was due to failed conservative therapies. A Request for Authorization form was submitted on 10/19/2014 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs), medications Page(s): 52-54.

Decision rationale: The request for Dilaudid trial is not medically necessary. According to the California MTUS Guidelines, implantable drug delivery systems are recommended short use of opioids, not to exceed 2 weeks, only as an end stage treatment alternative after failure of at least 6 months of less invasive methods, and following a successful temporary trial. The medication should be used as a part of a program to facilitate functional restoration and return to activities, not just for pain reduction. Additionally, the guidelines do not support chronic use of Dilaudid, but it may be indicated to be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. Furthermore, this treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. The guidelines' criteria include the failure of at least 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain. The documentation did indicate that the injured worker to have failed at least 6 months of less invasive methods. However, the documentation failed to indicate an adjunct program to facilitate restoration of function and return to activity that is not indicated just for pain reduction. Moreover, the documentation failed to include a psychological evaluation stating the injured worker's pain was not psychological in origin. In the absence of the required criteria for a Dilaudid trial, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Follow-Up with Treating Physician: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, Office visits

Decision rationale: The follow-up with the treating physician is not medically necessary. According to the Official Disability Guidelines the need for clinical office visits is individualized based upon review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Furthermore, the determination is also based on what medications the patient is taking, since medicines such as opioid or medicines such as certain antibiotics require close monitoring. As patient conditions are extremely varied a set number of office visits per condition cannot be reasonably establish. The patient had requested a Dilaudid, which was deemed not medically necessary. The documentation also failed to provide evidence of significant change in condition or recent addition to or change in the treatment plan. Furthermore, a medication list was not able to establish a change to the injured worker's medication regimen or medications that required frequency monitoring. In the absence of further

documentation indicating the need for routine follow-up, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.