

Case Number:	CM14-0188446		
Date Assigned:	11/19/2014	Date of Injury:	05/21/1996
Decision Date:	01/07/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine, and is licensed to practice in Florida. 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 53 year-old male who sustained a remote industrial related injury on 5/21/1996. He has a diagnosis of chronic back pain and lumbar post laminectomy syndrome. Per a 10/2014 progress note, the patient has low back pain with weakness, numbness, and muscle spasm in the lower extremities. A physical exam showed an antalgic, guarded gait. Tenderness was noted over the facet joints and sacroiliac joints bilaterally. Trigger points were noted over the lower and middle paraspinals. Aside from a history of back surgery, the patient has also been treated with medications, including narcotics and muscle relaxants. There is no provided documentation of a pain management contract. There is one included urine drug screen report, which showed appropriate results from 4/2014. A utilization review physician did not certify a request for Dilaudid 4 mg tablets (number sixty), which were requested at the 10/2014, follow up office visit. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Rx 10/17/2014 request for dilaudid 4mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. In this patient's case, the provided documentation does not show documentation of improved pain and functioning with this particular narcotic medication. Also, only one urine drug screen result is provided from 4/2014. This result was appropriate. The request for a refill was made in 10/2014 (approximately 6 months later) without any evidence of further drug screens having been performed. There is also no documentation of a signed pain management contract. For the aforementioned reasons, this request for Dilaudid is not medically necessary.