

<b>Case Number:</b>	CM14-0188638		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/28/2001
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 New York and 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 49 year-old male who was injured on 2/28/01. The date of injury was also listed as 11/12/98 in a progress note. He complained of lower back pain, bilateral hamstring pain, anxiety and depression. He was diagnosed with lumbar degenerative disc disease, generalized anxiety disorder, major depressive disorder, multilevel foraminal stenosis, sacroiliac joint dysfunction, biceps tendinitis, left knee pain, carpal tunnel syndrome, right-sided meralgia paresthetica. He had a microdiscectomy and additional surgeries without relief of back pain. His medications included opioids. He was tapered off fentanyl and switched to MS Contin which was more effective for him. Oxycodone was not effective for him. He was then started on Dilaudid as needed but with a goal to solely be on MS Contin. He was also on Tizanidine, Lexapro, Megace, Valium, Trazadone, and Seroquel. He was also able to attend a multidisciplinary program and utilize a TENS unit. The request is for Ventolin, MS Contin, and Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ventolin HFA 90 mcg:** 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) Pulmonary, Ventolin

**Decision rationale:** The request is considered not medically necessary. Because MTUS does not address the use of Ventolin, ODG guidelines were used. Ventolin is recommended as the first-line choice for asthma. However, the patient does not have documentation that he has been diagnosed with asthma. He has a smoking history but no documented subjective or objective findings that would warrant the use of Ventolin. Therefore, the request is considered not medically necessary.

**MS Contin 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for MS contin is not medically necessary. The patient has been taking MS contin lumbar pain the chart does not provide any documentation of improvement in function with its use. There was general documentation of improvement in pain but no specific objective measurements were given. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief MS Contin provided for the chronic back pain. Because there was no documented improvement or evidence of objective functional gains with the use of MS Contin, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of MS Contin outweigh the benefits. Therefore, the request is considered not medically necessary.

**Dilaudid 2mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Dilaudid is not medically necessary. The patient has been taking Dilaudid for breakthrough lumbar pain. The patient is already taking MS Contin. The chart does not provide any documentation of improvement in function with its use. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement or evidence of objective functional gains with opioid use, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of Dilaudid outweigh the benefits. Therefore, the request is considered not medically necessary.

