

Case Number:	CM14-0191523		
Date Assigned:	11/25/2014	Date of Injury:	12/15/2006
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation 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 injured worker is a 50-year-old female, with a reported date of injury of 12/15/2006. The result of injury includes low back pain. The current diagnoses include low back pain and lumbosacral neuritis or radiculitis. The past diagnoses included low back pain, status post a coccyx fracture with surgical coccyx removal in 2008, a failed spinal cord stimulator trail in 2008, depression, and anxiety. The treatments have included Fentanyl patch 50mcg; Dilaudid 8 mg, six (6) a day; Amitriptyline 100mg; Trazodone 50mg; Soma 350mg twice a day; Celexa 20mg; Imitrex 50mg for headaches; Baclofen 10mg twice a day; and Seroquel 50mg. The progress report (PR-2) dated 10/15/2014 indicated that the injured worker continued to do well on her pain medication regimen. The injured worker reported ongoing low back pain and pain down her legs. She rated her pain 9-10 out of 10, and 5-6 out of 10 with the combination of fentanyl and Dilaudid. The injured worker struggled with her activities of daily living, but was able to very light house work and personal hygiene. Her overall quality of life was better with the reduced pain from the medication. She has been consistent with the random urine drug screens. The medical records provide a toxicology report dated 05/01/2014. The treating physician verified having a signed pain agreement on file. The objective findings included significant tenderness to palpation of the low back paraspinal muscles, significantly restricted range of motion, and use of a cane for assistance. The treating physician gave the injured worker a 1-month refill of her medications. The injured worker was not working. On 11/03/2014, Utilization Review (UR) denied the request for Dilaudid 8 mg #180. The UR physician cited the MTUS Guidelines and noted that there was no documentation of why the requested medication is required for treatment of the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic low back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The request for Dilaudid 8mg #180 is not medically necessary and appropriate.