

Case Number:	CM14-0198483		
Date Assigned:	12/08/2014	Date of Injury:	10/16/2002
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 6, 2002. In a Utilization Review Report dated October 30, 2014, the claims administrator partially approved a request for Dilaudid (hydromorphone) apparently for weaning purposes, approved Kadian, and denied a lumbar epidural steroid injection. The partial approval of Dilaudid apparently represented a weaning supply of the same. The claims administrator referenced progress notes of July 1, 2014 and July 29, 2014 in its denial. The applicant's attorney subsequently appealed. In a December 18, 2013 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain 6-7/10, radiating to the bilateral lower extremities. The applicant was asked to discontinue doxepin and employ zolpidem for insomnia. Kadian and Dilaudid were endorsed. Cervical MRI imaging and cervical plain films were sought. The applicant's work status was not furnished. The applicant was described as permanent and stationary. It was not clearly stated whether the applicant was or was not working with permanent limitations in place. In a subsequent handwritten note dated July 1, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant was apparently complaining of frequent low back pain exacerbations. 7 to 9/10 pain was reported despite ongoing usage of Kadian and Dilaudid. Epidural steroid injection therapy was sought owing to the applicant's heightened pain complaints while Kadian, Dilaudid, doxepin, and Cymbalta were renewed. Permanent work restrictions were also renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On August 26, 2014, permanent work restrictions were again renewed. 6 to 7/10 pain was again reported, both axial and radicular. Large portions of the progress notes were difficult to follow. It was stated that the

applicant was able to perform activities of daily living only with moderate difficulty secondary to pain. Multiple medications were renewed, including Kadian and Dilaudid. On July 29, 2014, the applicant reported 6 to 8/10 pain complaints. It was stated that the applicant was obtaining 40 pain relief with pain medications. Kadian and Morphine were renewed, along with the applicant's permanent work restrictions. In a September 6, 2005 Agreed Medical Evaluation (AME), it was stated that the applicant was not working with permanent limitations in place, and was deemed a "qualified injured worker in need of vocational rehabilitation." The medical-legal evaluator did conduct a comprehensive survey of records on this occasion. The medical legal evaluator stated that the applicant had received a "series of cervical and lumbar epidural injections" as of July 16, 2003. The remainder of file did contain references to the applicants having received epidural injections at various points over the course of the claim, including on May 17, 2003, July 10, 2003, and July 17, 2003.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Hydromorphone 8 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. The applicant has not worked in several years. While the attending provider did report some reductions in pain scores on a few occasions with ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider comments to the effect that the applicant was having difficulty performing activities of daily living secondary to pain. All of the foregoing, taken together, does not make a compelling case for continuation of hydromorphone (Dilaudid). Therefore, the request is not medically necessary.

1 lumbar spine epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request in question does represent a request for repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting

analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. Previous epidural injections have seemingly failed to curtail the applicant's dependence on opioid agents such as Kadian and Dilaudid or non-opioid agents such as Doxepin and Cymbalta. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior lumbar epidural steroid injection therapy over the course of the claim. Therefore, the request for an additional epidural steroid injection is not medically necessary.