

Case Number:	CM14-0199062		
Date Assigned:	12/09/2014	Date of Injury:	06/02/2010
Decision Date:	01/21/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/26/2014

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 Practice 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:

This 48 year old female sustained a work related injury on 6/2/2010. The current diagnoses are lumbosacral spondylosis without myelopathy, anxiety, thoracic/lumbosacral neuritis/radiculitis, and lumbar intervertebral disc displacement without myelopathy, opioid type dependence, constipation, and status post L3-5 fusion (9/16/2013). According to the progress report dated 11/7/2014, the injured workers chief complaints were constant low back pain that radiates to bilateral lower extremities, rated 2/10 on a subjective pain scale. The injured worker has been experiencing this pain for more than 10 years. The pain is described as constant, sharp, shooting, and stabbing. The physical examination revealed pain in the low back with extreme hip flexion. Current medications are Dilaudid, Valium, Wellbutrin, Voltaren, Lidoderm 5%, Colace, and Aciphex. On this date, the treating physician prescribed Dilaudid 4mg #90, which is now under review. In addition to Dilaudid, the treatment plan included Valium 5mg. The injured worker was previously treated with medications and surgery. When Dilaudid was prescribed work status was working. On 11/21/2014, Utilization Review had non-certified a prescription for Dilaudid 4mg #90. The Dilaudid was modified to allow for weaning. Previously the claimant had been on 4 mg 6 times a day. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg, 1 twice daily #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): 42, 82-92.

Decision rationale: According to the guidelines, gradual weaning is recommended for long-term opioid users. It is suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances. In this case, the claimant had been given a 45 day supply for weaning. The weaning protocol and plan for discontinuation were not clear. A prior decrease and weaning dose was mentioned in June 2014 with a #180 tablets prescribed. The Dilaudid as prescribed is not medically necessary for weaning.