

Case Number:	CM14-0201916		
Date Assigned:	12/12/2014	Date of Injury:	07/01/2006
Decision Date:	01/30/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/02/2014

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:

This case is a 50 year old male with a date of injury on 7/1/2006. A review of the medical records indicate that the patient has been undergoing treatment for chronic pain, facet arthropathy, sacroiliac joint dysfunction, lumbar radiculopathy, and spasms. Subjective complaints (10/16/2014, 11/20/2014, 12/19/2014) include low back pain with radiating pain to legs and rates pain 8/10 on a good day and bad day. Objective findings (10/16/2014, 11/20/2014, 12/19/2014) tenderness to palpation of lumbar area over facet joints and sacroiliac joints, antalgic gait, and weakness. Treatment has included dilaudid and several other medications. A utilization review dated 11/26/2014 partially certified for 1 Prescription of Dilaudid 4mg #75 (original request for #150) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document any of the following: the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief. The treating physician does not document any improvement in pain or function level resulting from the medication. The original utilization review partially approved for #75 to allow for weaning, which is appropriate. As such, the request for Dilaudid 4mg, #150 is not medically necessary.