

Case Number:	CM14-0202555		
Date Assigned:	12/15/2014	Date of Injury:	09/04/1991
Decision Date:	01/31/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine and is licensed to practice in New York. 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 an 80 year old man with a date of injury of 9/4/91. He was seen by his provider on 11/3/14 for follow up and pump refill. His fentanyl patch had been increased to 500mcg/ml one month ago. He reported that he was doing well and rated his pain at 7/10. He did not report side effects from adding fentanyl to the pump. He did report excessive fatigue, bowel incontinence, constipation, urinary incontinence, muscle weakness, drowsiness, difficulty walking and difficulty falling asleep and remaining asleep. His exam showed normal attention span and concentration. He had normal bulk and tone for his motor exam but both legs were 'weak in general'. He had decreased range of motion of his right hip and crepitus. His sensory exam was normal. His neck flexion was 20 degrees and extension 10 degrees with pain in both directions and positive facet loading test bilaterally. He was tender over his low back and unable to flex. His diagnoses were lumbar DDD, bulging lumbar disc and cervicgia. At issue in this review is the refill of dilaudid. Length of prior prescription was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dilaudid 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic back, neck and leg pain with an injury sustained in 1991. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status to justify use. He has many side effects which could be attributable to narcotics including fatigue, bowel incontinence, constipation, urinary incontinence, muscle weakness, drowsiness, difficulty walking and this is not addressed in the note. Additionally, per the guidelines, the long-term efficacy of opioids for chronic back pain is unclear but appears limited and he is concurrently receiving high dose fentanyl through a pump. The medical necessity of Dilaudid is not substantiated in the records.