

Case Number:	CM14-0203835		
Date Assigned:	12/16/2014	Date of Injury:	11/18/2004
Decision Date:	02/06/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, has a subspecialty in Pain 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 is a patient with a date of injury of 11/18/04. A utilization review determination dated 11/20/14 recommends non-certification/modification of Dilaudid and a urine tox screen. 11/6/14 medical report identifies low back pain. Patient went from 6/10 pain to 9/10 when Dilaudid was decreased to one per day and she was not able to do activities such as walk/play with the dogs and chores around the house. Showering was difficult due to difficulties standing for that long. She is having more pain down the left leg and fear that it will give out under her due to pain. She was able to tolerate 1-2 Dilaudid a day, but then increased herself back to 6/day. She continues to take Exalgo. On exam, there is antalgic gait, tenderness, positive SLR bilaterally, and strength 3/5 bilaterally in the lower extremities. Patient was noted to be overdue for urine tox screen after she left and there was a plan to collect it at the follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Dilaudid, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes that the patient's pain increased from 6/10 to 9/10 with decreased function when she reduced Dilaudid from 6 per day to 2 per day. This happened for 2 days before the patient increased her dose back to 6 per day. This apparently occurred despite ongoing usage of a long-acting opioid. There is no indication of any intolerable side effects or aberrant behaviors. As such, it appears that the medication does provide significant benefit at the requested dosage. In light of the above, the currently requested Dilaudid is medically necessary.

Urine Toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the date and results of prior testing are not clearly identified and there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.