MAXIMUS Federal Services

Case Number:	CM15-0000652		
Date Assigned:	01/12/2015	Date of Injury:	04/11/2006
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 48 year old male, who sustained an industrial injury, on April 11, 2006. The injured worker's chief complaint was of low back pain radiating to the lower extremities left greater than the right. The injured worker was diagnosed with failed lumbar back surgery syndrome, lumbar radiculopathy, chronic pain syndrome, left shoulder impingement syndrome and depression. The injured worker treatments included TENS unit, heating pads, lumbar back surgery, pain medication, physical therapy, acupuncture and psychiatrist/psychologist. The primary provider requested dilaudid 4mg for pain control for the lumbar back. On December 09, 2014, the UR denied authorization of dilaudid 4mg #90, for the purpose of the recommended weaning for discontinuation of this medication. The denial was based on the MTUS guidelines for Chronic Pain Medical Treatment for opioid weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 MG 1 Tab TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain. The current request is for Dilaudid 4 mg 1 tab t.i.d. #90. The medical file provided for review includes 2 progress reports dated 12/12/2014 and 01/12/2015, which are both dated after the utilization review. The utilization review denied the request stating that multiple prior UR reviews for opiates that have been recommended weaning and discontinuation as there was absent evidence for clinical efficacy with prior use or for compliance monitoring. The utilization review goes on to state that the patient has been utilizing medications including Norco 10/325 mg, Dilaudid 4 mg, tramadol 150 mg, Lyrica, and naproxen for 8 years now. For chronic opiates, MTUS Guidelines page 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As including analgesia, ADLs, adverse side effects, and adverse behavior, as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking opioid, time it takes for medication to work, and duration of pain relief. The 2 progress reports provided for review indicates the patient has functional pain relief and better ability to perform ADL with current medication regimen. Previous pain on a good day is 9/10, current pain rating on a good day is 9/10, previous pain on a bad day is 10/10, and current pain rating on a bad day is 10/10. It was noted the patient is compliant in medication usage with no side effects. Unannounced urine drug screens are performed and CURES database is reviewed routinely. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs, or change in work status to show significant functional improvement. It was noted that unannounced urine drug screens are performed routinely but none of the reports were provided and the outcomes are not discussed. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Dilaudid IS NOT medically necessary and recommendation is for slow weaning per MTUS.