MAXIMUS Federal Services

Case Number:	CM15-0001745		
Date Assigned:	01/12/2015	Date of Injury:	03/11/2010
Decision Date:	03/30/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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 is a 67 year old male who sustained an industrial injury reported on 3/11/2010. He has reported lower back ache improved by medication, and poor sleep. History includes constant moderate to severe low back pain made tolerable using as needed Dilaudid as prescribed. The diagnoses have included lumbar facet syndrome; low back sprain/pain; advanced multi-level degenerative disc disease. Treatments to date have included consultations; diagnostic imaging studies; diagnostic urine studies; home exercise program; not a surgical candidate; lumbar MBB (9/14/11); LESI lumbar 5 - sacral 1 (5/4/11); electromyogram and nerve conduction studies of the bilateral lower extremities (12/16/10); an in-home inversion/back swing for treatment of back pain; and medication management to include failed medication trials with Neurontin and Cymbalta. The work status classification for this injured worker (IW) was noted be permanent and stationary, on restrictions but is medically retired and not working.On 12/16/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/8/2014, for Dilaudid 2mg, twice a day as needed for breakthrough pain, #60. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, Dilaudid; and the American College of Occupational and Environmental Medicine, pain chapter, Dilaudid, Exalgo; and the [redacted] recommendations for Dilaudid, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg bid #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115-116,Chronic Pain Treatment Guidelines Hydromorphone. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Hydromorphone and Exalgo

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

Decision rationale: Based on the 12/01/14 progress report provided by treating physician, the patient presents with low back pain rated 4/10 with and 8/10 without medication. The request is for DILAUDID 2MG BID #60. Patient's diagnosis on 12/01/14 included lumbar facet syndrome, low back pain, sprain lumbar region, and spinal/lumbar degenerative disc disease. Patient had lumbar medial branch block on 01/15/14 at L3, L4, and L5 bilaterally with >50% pain relief. Patient's medications include Dilaudid, Aspirin, Famotidine and Tasigna. Per progress report dated 12/01/14, treater states "patient has adequate and appropriate Analgesia with functional benefit and improved quality of life... patient is taking medications as prescribed, medications are working well with no side effects." Patient notes that the medication is helpful to "take the edge off pain, with it he can continue to do daily activities including cleaning, grocery shopping and his HEP... Patient has improved capability for daily functional activities including self care and household tasks with medications." Urine toxicology dated 08/11/14 showed appropriate results. The patient does not exhibit any Adverse behavior to indicate addiction. The patient is retired.MTUS Guidelines pages 88 and 89 states, "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 (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 the opioid, time it takes for medication to work and duration of pain relief. UR letter dated 12/16/14 states "...ongoing opioid usage is not warranted without evidence that the patient has returned to work..." Dilaudid is prescribed for severe pain, and has been included in patient's medication's, per treater reports dated 06/16/14 and 12/01/14. In this case, treater has documented how Dilaudid reduces pain and improves patient's activities of daily living. The 4A's have been addressed and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Urine toxicology is also done. Therefore, the request IS medically necessary.