

Case Number:	CM15-0107592		
Date Assigned:	06/12/2015	Date of Injury:	02/05/2010
Decision Date:	07/14/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 52 year old male, who sustained an industrial injury on 02/05/2010. On provider visit dated 05/18/2015 the injured worker has reported low back pain. Pain was noted to be 10/10 without medication and a 7/10 with medication. On examination of the cervical spine revealed tenderness in the paraspinal on the right. Lumbar spine was noted to have tenderness as well, at L5-S1. Right foot drop was noted with absent ankle reflex on the right and loss of sensation L4-L5 on the right. Tenderness to palpation pain increased with dorsiflexion with worsening right lumbar radiculopathy. Treatment to date has included injections and medication of Dilaudid, Norco, Vicoprofen, Amitriptyline HCL, Neurontin, Naprosyn, Prozac, Xanax and Medrol dose Pak. The diagnoses have included chronic severe low back pain and lumbar disc disease L3-L4 through L5-S1 with right sided lumbar radiculopathy, post laminectomy syndrome lumbar region and hx of lumbar laminectomy. The provider requested Dilaudid 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Dilaudid 4mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that despite the fact that the patient was placed on Dilaudid he continues to have significant pain. The 12/3/14 progress note indicates prior to Dilaudid the patient had a pain level of 6/10 with medications and 10/10 without medications. The recent documentation indicates that on Dilaudid the patient has a 7/10 pain level on medications. Additionally, it is not clear that Dilaudid provided an increase in function. For these reasons, the request for continued Dilaudid is not medically necessary.