

Case Number:	CM15-0135258		
Date Assigned:	07/23/2015	Date of Injury:	05/31/2006
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63-year-old male, who sustained an industrial injury on 5/31/06. The injured worker has complaints of bilateral low back pain that radiates of pain right L4-5 distribution, right S1 (sacroiliac) distribution. The documentation noted tenderness noted over midline of lumbar spine. The diagnoses have included degeneration of lumbar intervertebral disc and lumbar post-laminectomy syndrome. Treatment to date has included back surgery; home exercise program; neurontin; dilaudid; ambien; gabapentin; pamelor and norco. The request was for dilaudid 4mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/Hydromorphone Page(s): 51, 74.

Decision rationale: According to the guidelines, Dilaudid is predominantly recommended for intertheal use second to Morphine. The claimant was on Norco at a reduced dose to improving pain control and has reduced Dilaudid use. No one opioid is superior to another. There was no weaning plan noted and the request for 2 short-acting opioids is not justified. Continued use of Dilaudid is not medically necessary.