

Case Number:	CM15-0165096		
Date Assigned:	09/02/2015	Date of Injury:	11/08/2004
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: New Jersey

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 59 year old male, who sustained an industrial injury on 11-08-2004. Work status is listed as not currently working, permanent, and stationary. Current diagnoses include cervical spondylosis without myelopathy, head injury, long-term use of medications, migraine, and headache. Treatment and diagnostics to date has included physical therapy, trigger point injections, and medications. Current medications include Dilaudid, Voltaren gel, Topamax, Pristiq, Wellbutrin, and Metformin. According to a progress report dated 07-27-2015, the injured worker presented with headaches. It is noted that the injured worker's average pain level is rated 6-7 out of 10 on the pain scale with pain medications and 10 out of 10 on average without medications. Objective findings included decreased cervical spine range of motion and tenderness over the occipital nerves. The treating physician requested authorization for Dilaudid and one urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #90/m: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, parts of this review are missing from the documentation. There was reports over the many months leading up to this request for Dilaudid to be continued which stated pain level reduction of 40-60% or so with the use of "medications," however, there was no specific report seen in the documents discussing functional gain and measurable pain level reduction directly related and independently related to the Dilaudid use at the 4 mg TID dosing. Therefore, without more complete reporting on its effectiveness, the Dilaudid will be considered medically unnecessary at this time.

Urine drug screen x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, although Dilaudid was prescribed and taken regularly, there was no evidence of aberrant behavior or signs of drug abuse/misuse to warrant a drug test at this time. Therefore, as the record suggests this worker is at low risk, the drug screen will be considered medically unnecessary at this time.