

Case Number:	CM15-0182149		
Date Assigned:	09/23/2015	Date of Injury:	08/13/1998
Decision Date:	10/27/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/16/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 69 year old female who sustained an industrial injury on 8-13-1998. She reported a low back injury from heavy lifting activity. Diagnoses include thoracic and lumbar postlaminectomy syndrome, radiculitis, chronic pain due to trauma and pain in joint, status post four spinal surgeries. Treatments to date include medication management and epidural steroid injection. Currently, she complained of ongoing low back pain with radiation to left lower extremity. The records indicated a recent attempt to decrease Dilaudid 4mg four times a day to Dilaudid 2mg one to two tablets four times a day, with pain relief noted from 8 out of 10 VAS to 6 out of 10 VAS. It was documented she was requesting to return to using Norco because it provided better pain relief with less side effects. The provider documented a three day trial of Norco 10-325mg was provided and did not make her nauseous, so that was going to be prescribed. The records also documented a previous trial of Hysingla resulted in the injured worker using only as needed, instead of daily per instruction, and the pill counts demonstrated left over Hysingla. On 7-29-15, the physical examination documented decreased sensation to lower extremities and a positive straight leg raise test with lumbar tenderness and tenderness at bilateral sacroiliac joints. The plan of care included ongoing medication management. The appeal requested authorization for Dilaudid 4mg tablets #150. The Utilization Review dated 8-29- 15, modified the request to allow Dilaudid 4mg tablets #110 stating lack of documentation regarding objective functional improvement per the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dilaudid 4mg #150: Overturned

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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Dilaudid, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. They also state opioids for chronic back pain appears to be efficacious for short-term pain relief, but long-term efficacy is unclear (>16 weeks). The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records (7-29-2015) have included pain with and without medication, no significant adverse effects with Dilaudid, history of urine drug testing, appropriate CURES, subjective functional improvement, performance of necessary activities of daily living, and the first-line pain medication Effexor. However, the treating providers' notes have not included documentation of objective functional improvement. The injured worker has a very complex history and has failed multiple first-line medications and other opioids; however, Dilaudid appears to be providing efficacy. She must continue to follow up routinely and the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Dilaudid 4mg #150 is medically necessary and appropriate for ongoing pain management.