

Case Number:	CM15-0182340		
Date Assigned:	09/23/2015	Date of Injury:	06/26/2010
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
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

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 36 year old male, who sustained an industrial injury on 8-28-2010. The injured worker is being treated for headache, cervical facet syndrome, cervical discopathy, cervical radiculitis, lumbar discopathy, lumbar facet syndrome, lower extremity radiculopathy, sacroiliac arthropathy, depression and anxiety. Treatment to date has included medications, trigger point injections, Botox injections, chiropractic treatment and yoga. Per the Primary Treating Physician's Progress Report dated 7-31-2015, the injured worker presented for follow-up evaluation. He reported neck, bilateral shoulder and low back pain, which he rated as 7 out of 10 on a pain scale. The pain has remained unchanged since his last visit. He has been taking his medications regularly and tolerates them well. He states that medications are helping with his pain. Objective findings included tenderness to palpation with spasm and tightness over the upper cervical paraspinous muscles. There was tenderness to palpation over the occipital insertion bilaterally with multiple trigger points noted. There was moderate tenderness and spasm over the lumbar paraspinous muscles and piriformis bilaterally with sciatic type symptoms. On 5-04-2015, he reported an increase in pain since the last visit. Per the medical records, dated 5-04-2015 to 7-31-2015, there is no documentation of improvement in symptoms, increase in functional capacity or activities or daily living, or a decrease in pain with the current prescribed medications including Dilaudid. The plan of care included medications, acupuncture and trigger point injections. Authorization was requested on 8-12-2015 for Dilaudid 4mg #120 and Dilaudid 2mg #60. On 8-20-2015, Utilization Review modified the request for Dilaudid 4mg #120 and Dilaudid 2mg #60 for weaning purposes citing lack of established medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg 1 tab every 4-6 hours #120 refill: 1: 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 for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates the requests for Dilaudid 4mg and 2mg were modified for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2010 injury without acute flare, new injury, or progressive neurological deterioration. The Dilaudid 4mg 1 tab every 4-6 hours #120 refill: 1 is not medically necessary and appropriate.

Dilaudid 2mg 1 tab twice a day #60 refill: 1: 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 for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: Review indicates the requests for Dilaudid 4mg and 2mg were modified for weaning purposes. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents

show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Dilaudid 2mg 1 tab twice a day #60 refill: 1 is not medically necessary and appropriate.