

Case Number:	CM15-0185018		
Date Assigned:	09/25/2015	Date of Injury:	03/11/2014
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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: Preventive Medicine, Occupational 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 39 year old male, who sustained an industrial injury on 3-11-2014. He reported low back pain and left knee pain following the industrial injury. The injured worker was diagnosed as having, lumbar radiculopathy, left foot drop, status post lumbar microdiscectomy at lumbar 5 through sacral 1 (8-25-2014), recurrent disc herniation and status post left knee arthroscopy and ACL reconstruction. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions of the left knee and lumbar spine, physical therapy, medications and work restrictions. Currently, the injured worker continues to report ongoing low back pain, left-sided lower extremity radicular symptom and left knee pain. Evaluation on March 4, 2015, revealed continued low back pain, left lower extremity radicular symptoms and left knee pain. It was noted he had completed 10 of 12 physical therapy sessions and it was noted radicular symptoms had increased with therapy. Physical therapy was discontinued and home exercises were started. Medications include Oxycontin, Oxycodone, Ibuprofen and Flexeril. Evaluation on May 29, 2015, revealed unspecified joint swelling, pain and numbness and continued sleep disruptions. He reported left foot drop causing difficult ambulation. It was noted he used a cane for ambulation. Lumbar discectomy and fusion was scheduled for August 11, 2015. Oxycodone, Oxycontin, Ibuprofen and Flexeril were continued. Evaluation on July 29, 2015, revealed lumbar pain and unspecified joint pain, swelling, tingling and numbness. Also noted were left foot drop and limited range of motion in the lumbar spine. Surgical clearance was noted on August 11, 2015. Evaluation on August 25, 2015, revealed no noted complications after lumbar surgery. The RFA included requests for Dilaudid 4mg 1 tablet twice a day as needed 60 tablets and was non-certified on the utilization review (UR) on August 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg 1 tablet twice a day as needed 60 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Chronic Pain Chapter.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is a chronic pain patient who is being treated with multiple opioid pain medications following surgery. UR approved a shorter course of Dilaudid following surgery. It is noted that this patient had difficulty weaning from parenteral pain medication following surgery. A one month course of Dilaudid is reasonable for this injured worker. The request for Dilaudid 4mg 1 tablet twice a day as needed 60 tablets is determined to be medically necessary.