

Case Number:	CM15-0189163		
Date Assigned:	10/01/2015	Date of Injury:	09/30/2001
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old female who sustained an industrial injury dated 9-30-01. Diagnoses are noted as lumbago-low back pain, facet arthropathy-cervical; thoracic or lumbar, myofascial pain syndrome-fibromyalgia, hip-pelvic pain, and sacroiliac joint dysfunction. Previous treatment includes medication (Dilaudid is noted 8-4-14). In a progress report dated 6-11-15, the physician notes physical exam of the cervical spine reveals tenderness, decreased flexion, decreased extension, and decreased left and right lateral bending. Tenderness at the lumbar spine and facet joint, decreased flexion, extension, and lateral bending is noted. She has an asymmetric gait. In a progress report dated 8-6-15, the physician notes she is stable on current dosing of medication and she denies side effects and does not exhibit any aberrant behavior. Complaint is of back pain rated at 6 out of 10 with medication. (7-9-15 pain is rated at 7 out of 10 with medication and 10 out of 10 without medication). It is noted she is able to perform some house or yard work. Current medication is Dilaudid, EffexorXR, Abilify, Lipitor, Invokamet oral, and Vitamin D. Work status is that she is permanently disabled. A toxicology report dated 7-21-15 is noted as consistent. A prescription is for Dilaudid 8mg, 1 tablet every 4 hours as needed, 30 days for 160, start on 8-6-15 end 9-4-15. A request for authorization is dated 8-25-15. The requested treatment of Dilaudid 8mg #160 was modified to 1 prescription of Dilaudid 8mg #25 on 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #160: 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: Dilaudid 8mg #160 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Dilaudid long term. A comparison of her activity levels reveal that her functional level is decreasing. For example on 7/9/15 she was able to cook lightly, do laundry, shop, bathe, dress, manage medication and ambulate with a cane. The following visit on 8/6/15 she was unable to perform the above activities and was able only to perform some housework. The documentation does not support that Dilaudid is causing an overall-improved quality of life or increased level of function therefore the request for continued Dilaudid is not medically necessary.