MAXIMUS Federal Services

Case Number:	CM15-0193330		
Date Assigned:	10/07/2015	Date of Injury:	10/09/2013
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This injured worker is a 51 year old male who reported an industrial injury on 10-9-2013. His diagnoses, and or impressions, were noted to include: lumbar sprain and facet syndrome; lumbosacral spondylosis & stenosis; left sciatica; thoracic pain; muscle spasms; cervical and lumbar radiculopathy; elbow pain; olecranon bursitis; and mood disorder. No imaging studies were noted; magnetic resonance imaging studies of the thoracic & lumbar spine were said to be done on 4-24-2014. Electrodiagnostic studies of the left lower extremity were said to be done on 6-11-2014, noting left lumbar radiculopathy. His treatments were noted to include: a qualified medical evaluation on 6-6-2014, and re-evaluation on 8-13-2015; physical therapy; lumbosacral epidural steroid injections (9-9-15); consultations; a home exercise program; medication management with toxicology studies (5-22-15); and modified work duties. The progress notes of 9-18-2015 reported: an increase in lower backache, rated 5 out of 10 on medications and 8 out of 10 without; a fair quality of sleep; that he was not trying any other therapies for pain relief; that his activity level had decreased; that his medication were less effective; and that he missed work due to a flare-up of pain. The objective findings were noted to include: a slow and antalgic gait; loss of normal lumbar lordosis with straightening of the lumbar spine; tenderness, tight muscle bands, spasms and hypertonicity over the left lumbar para-vertebral muscles; positive left lumbar facet loading; tenderness over the left posterior iliac and sacroiliac spine; tenderness over the left olecranon process of the left elbow; decreased motor strength on the left "EHL" and left ankle plantar flexors; decreased sensation over the left sacral 1 lower extremity dermatome; decreased bilateral deep tendon reflexes in the knee and ankle jerks; a review of toxicology and diagnostic

studies; and that he was stable on his current medication regimen, with no changes in essential regimen in > 6 months, with improved function and activities of daily living, was able to lift 10-15 pounds, was able to walk 5 blocks. The physician's requests for treatment were noted to include Dilaudid 4 mg, 1 tablet 4 x a day as needed, #120. The progress notes of 4-24-2015, 5-22-2015, 6-5-2015, 8-7-2015 or 9-18-2015 did not note Dilaudid as part of his current medications. The Request for Authorization, dated 9-18-2015 was for Dilaudid 4 mg, 1 tablet 4 x a day as needed, #120. The Utilization Review of 9-24-2015 non-certified the requests for Dilaudid 4 mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: 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 for chronic pain.

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. In this case, in the most recent progress report dated 9-18-15, there was a noted increase in lower backache, and decreased activity level. Additionally, the injured worker stated that his medications were less effective; and that he missed work due to a flare-up of pain. His current medications included roxicodone, embeda, and neurontin. The physician is including Dilaudid in an attempt to control the injured worker's increase in pain that is not controlled with the current medication regimen. The request for Dilaudid 4mg #120 is determined to be medically necessary.