

Case Number:	CM15-0194437		
Date Assigned:	10/08/2015	Date of Injury:	07/11/2013
Decision Date:	11/16/2015	UR Denial Date:	09/29/2015
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: Arizona, California
 Certification(s)/Specialty: 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 58 year old male, who sustained an industrial injury on 7-11-2013. The injured worker was being treated for lumbar disc disease and lumbar radiculopathy. Medical records (8-27-2015) indicate the injured worker underwent an anterior-posterior lumbar interbody fusion at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1). Medical records (9-25-2015) indicate increased right lower extremity pain and spasm. His right lower extremity pain was rated 8 out of 10. He also reported ongoing low back pain rated 9-10 out of 10 on a visual analogue scale. The physical exam (9-25-2015) revealed an antalgic gait, a well-healed lumbar spine incision, and palpable muscle spasm over the right paravertebral muscles. There was decreased sensation over the right L4 and L5 dermatome distributions, 2+ reflexes of the bilateral knees and ankles, and normal motor strength of the bilateral lower extremities. Treatment has included ice, heat, and medications including pain (Dilaudid), antidepressant, and steroid. Per the treating physician (8-19-2015 report), the injured worker is retired. The requested treatments included Dilaudid 4mg #180. On 9-29-2015, the original utilization review non-certified a request for Dilaudid 4mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the guidelines, Dilaudid is recommended for intrathecal or pain pump use. It is not 1st line for mechanical or compressive etiologies. In this case, the claimant was admitted to the hospital for a lumbar fusion. The claimant was treated with Dilaudid for pain in the inpatient setting. The claimant was on Nucynta prior to the admission. The claimant was given additional Dilaudid upon discharge. There was no indication for pain scores, weaning off medication, response to medication or any reason provided to continue Dilaudid vs. prior medications. As a result, the Dilaudid in the amount prescribed above is not medically necessary.