

Case Number:	CM15-0195009		
Date Assigned:	10/08/2015	Date of Injury:	07/11/2007
Decision Date:	11/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 11, 2007. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for Dilaudid. The claims administrator referenced an August 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant was given refills of Pamelor, Dilaudid, and Mobic. The attending provider contended that the applicant's pain scores were reduced from 10/10 without medications to 4/10 with medications. The attending provider stated that the applicant was working on a part-time basis. The attending provider stated that the applicant could not function or work without his medications. On August 18, 2015, the applicant reported ongoing complaints of low back pain, 10/10 without medications versus 4/10 with medications. The applicant was on Tylenol, Mobic, Pamelor, and Dilaudid, it was reported. The attending provider contended that the applicant's medications were keeping him functional. The applicant was apparently using a cane on this date. On an earlier note dated April 20, 2015, it was stated that the applicant was not working, was on Social Security Disability Insurance (SSDI), despite ongoing usage of Pamelor, Mobic, and Dilaudid. On March 23, 2015, the attending provider again stated that the applicant could not work and was receiving Social Security Disability (SSDI) benefits. The applicant was described as using a cane on multiple dates of service, including on August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia.

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

Decision rationale: No, the request for Dilaudid, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was incongruously reported on multiple office visits, referenced above. The preponderance of evidence, however, suggested that the applicant was not working. While the treating provider stated on September 8, 2015 that the applicant was working on part-time basis, this report was, however, contravened by commentary made on progress notes of June 15, 2015 and May 18, 2015 to the effect that the applicant was not working, the applicant's self-reports that he could not work, and commentary made by the attending provider that the applicant was receiving Social Security Disability Insurance (SSDI) benefits. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and by the attending provider's incongruously reporting that the applicant's work status, the applicant's seeming failure to return to work, the attending provider's reports to the effect that the applicant was having difficulty walking and was using a cane, and the attending provider's failure to outline specific functions or functionalities improved as a result of ongoing Dilaudid usage. Therefore, the request is not medically necessary.