

Case Number:	CM15-0197860		
Date Assigned:	10/13/2015	Date of Injury:	05/20/1980
Decision Date:	11/20/2015	UR Denial Date:	10/04/2015
Priority:	Standard	Application Received:	10/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 05-20-1980. The injured worker is currently 100% disabled. Medical records indicated that the injured worker is undergoing treatment for lumbosacral radiculopathy, instability of left knee, and cervical disc disease with radiculopathy. Treatment and diagnostics to date has included MRI of cervical and lumbar spine and use of medications. Recent medications have included Dilaudid, Invokana, Metformin, and OxyContin. No urine drug screen noted in received medical records. After review of progress notes dated 08-26-2015 and 09-14-2015, the injured worker reported back and bilateral knee pain rated 7 out of 10. Objective findings included positive straight leg raise test, "severe" muscle atrophy of the bilateral calves, and "almost no feeling distal legs, and left foot drop with ambulation". The request for authorization dated 09-29-2015 requested Dilaudid 8mg #112, 2 by mouth four times a day. The Utilization Review with a decision date of 10-04-2015 modified the request for Dilaudid 8mg #112 to Dilaudid 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dilaudid 8 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in May 2008 as the result of a 70 foot fall with multiple orthopedic injuries and is being treated for chronic low back pain with lower extremity radicular symptoms. A multilevel lumbar decompression and fusion is being considered. Medications are referenced as providing a 40% decrease in pain with weaning to the lowest effective dose. When seen, Physical examination findings included a body mass index of 29. There was significantly decreased lower extremity strength. There was decreased lower extremity sensation. Straight leg raising was positive bilaterally. There was severe muscle atrophy. The claimant has diabetes. Medications include OxyContin and Dilaudid at a total MED (morphine equivalent dose) of nearly 400 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than two times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.