

Case Number:	CM15-0199223		
Date Assigned:	10/14/2015	Date of Injury:	10/18/2014
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old male who sustained an industrial injury on 10-18-2014. Medical records indicated the worker was treated for lumbago and spinal stenosis of the lumbar region, and sciatica. In the provider notes 09-18-2015, the worker complains of significant low back pain. On 10-02-2015, the worker is described as having an allergic reaction to the Fentanyl patch which turned his face red with accompanying nausea and vomiting for 8-10 hours. He was determined to have an allergy to Fentanyl and the medication was stopped. Examination of the musculoskeletal system showed no tenderness, contractures or mal-alignment. Motor strength was normal. Tone was normal. Extremity range of motion was normal. On exam of his back, he was noted to have "limited time sustaining a position or posture. All very guarded." He is described as "essentially unchanged (from past visits), and if unchanged over the next 2 weeks may be permanent and stable." The worker was restarted on Hydromorphone due to his Fentanyl allergy. There is no record of when Hydromorphone was discontinued. There are no qualifiers of intensity or duration of his pain. There are no toxicology screens and no record of compliance or non-compliance with medication. There is a note on 09-18-2015 of a narcotic contract and Hydromorphone on 04-13-2015 with no elaboration. Other medications include diazepam, Ibuprofen, Lyrica, Oxycodone-Acetaminophen, and Zofran. A request for authorization was submitted for Dilaudid 2 mg tablet, Qty 120 with 0 refills, 1 tab every 6 hours by mouth as needed, outpatient. A utilization review decision 09-29-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 mg tablet, Qty 120 with 0 refills, 1 tab every 6 hours by mouth as needed, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side-effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 10/2/15. Therefore, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.