

Case Number:	CM15-0202486		
Date Assigned:	10/19/2015	Date of Injury:	06/25/2013
Decision Date:	11/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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: North Carolina
 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 61 year old male who sustained an industrial injury June 25, 2013. Past history included Stage 4 renal failure secondary to hypertension, surgery to his right elbow (unspecified), and medial branch block L4, L5 and S1, 09-22-2014. According to a primary treating physician's progress report dated September 8, 2015, the injured worker presented for an interval pain management evaluation. He complained of pain in the center and right side of the low back as well as the left buttock. He rated his pain 7 out of 10, with an average over the past month of 8 out of 10, and a low of 5 out of 10. With medication, he is able to participate in therapeutic exercise, walking, sitting, and standing. Current medication included Dilaudid 2mg-ml ampoule (SIG: 1 PO (by mouth every 8 hours as needed for pain) Q 8H prn pain) this documentation lists both an ampoule and by mouth, same as documentation at least July 14, 2015, Bystolic, Clonidine, Lisinopril, and Nifedipine ER. Objective findings included; 6' and 235 pounds; ambulates with a significant antalgic gait using a single-point cane; guarding and tenderness in the lumbar paraspinal musculature; lumbar range of motion is decreased secondary to pain and increased pain with extension and rotation. Impressions are facet arthropathy, L4-5 and L5-S1; disc protrusion, L4-5 and right sided disc herniation L5-S1. Treatment plan included a physician notation that the injured worker is being monitored monthly by physician visits for medication compliance and the prescriptions are from a single practitioner and taken as directed. At issue, is the request for authorization for Dilaudid 2mg-ml ampoule Quantity: 90. According to utilization review dated September 16, 2015, the request for Dilaudid 2mg-ml Ampoule Quantity: 90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg/ml ampoule QTY 90: Upheld

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 California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 8/10 to a best 5/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.