

Case Number:	CM15-0205478		
Date Assigned:	10/22/2015	Date of Injury:	11/02/1999
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 11-2-99. Medical records indicate that the injured worker is undergoing treatment for spinal stenosis unspecified region, lumbar radiculitis, left shoulder impingement syndrome, right shoulder sprain-strain, cervical spondylosis, chronic intractable shoulder and arm pain, chronic intractable low back pain and lumbar post-laminectomy syndrome. The injured worker was noted to be permanent and stationary. On (9-22-15 and 8-25-15) the injured worker complained of low back. The pain was rated 5 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation of the lumbosacral area. Range of motion revealed a decreased extension and lateral rotation. Tone was normal with some paraspinal muscle spasms. Sensation to light touch was decreased in the right lumbar four through sacral one distribution. A straight leg raise test was positive bilaterally. With the use of Oxycontin the injured worker is able to perform activities of daily living. The injured worker has no history of abuse or diversion. Treatment and evaluation to date has included medications, MRI of the lumbar spine, transcutaneous electrical nerve stimulation unit, epidural steroid injections, functional rehabilitation program, psychiatric assessments, bilateral carpal tunnel release surgery, right shoulder surgery, cervical fusion and a lumbar fusion. Current medications include Dilaudid (since at least February of 2015), Oxycodone, and Horizant, Ibuprofen, Pristiq, metyrosine and Norco. The current treatment request is for Dilaudid 4mg #120. The Utilization Review documentation dated 10-6-15 non-certified the request for Dilaudid 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

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

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

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased VAS pain level or decreased in medical utilization. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing of opioid and use of overall medication profile with persistent severe pain for this chronic 1999 injury without acute flare, new injury, or progressive neurological deterioration. The Dilaudid 4mg #120 is not medically necessary and appropriate.