

Case Number:	CM15-0206412		
Date Assigned:	10/23/2015	Date of Injury:	03/12/2004
Decision Date:	12/07/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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:

This is a 43 year old male with a date of injury of March 12, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain, lumbar degenerative disc disease, and lumbar radiculopathy. Medical records (August 13, 2015; October 8, 2015) indicate that the injured worker complained of lower back pain rated at a level of 8 out of 10, and poor sleep quality. Records also indicate the injured worker's activity level was decreased. Per the treating physician (October 8, 2015), the employee was not working. The physical exam (August 13, 2015; October 8, 2015) reveals an antalgic gait, tenderness to palpation of the lumbar paravertebral muscles over the coccyx on the right, positive lumbar facet loading on the right, and decreased sensation to light touch over the right lateral foot. Treatment has included medications (Neurontin; Ibuprofen, Nucynta and Flexeril discontinued on October 8, 2015), physical therapy, and epidurals. The treating physician documented that the urine drug screen dated March 12, 2015 showed negative results for all tested substances. The utilization review (October 15, 2015) non-certified a request for Dilaudid 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #30: Overturned

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 has a remote history of a work injury in March 2004 when he had low back pain with lower extremity symptoms while lifting a tire he was changing. He continues to be treated for low back pain. In March 2015 medications included Nucynta and Neurontin. Medications were decreasing pain from, 2/10 to 0/10. When seen in October 2015, medications other than gabapentin had been denied. He had increased pain now rated at 8/10. He was having trouble sleeping. Physical examination findings included a body mass index over 26. There was an antalgic gait. Lumbar facet loading was positive. There was decreased right lower extremity sensation. A trial of Dilaudid was started. The total MED (morphine equivalent dose) was less than 10 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Dilaudid (hydromorphone) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Opioid medications had previously provided significant pain relief. Prescribing was medically necessary.