

Case Number:	CM15-0209425		
Date Assigned:	10/28/2015	Date of Injury:	05/20/1980
Decision Date:	12/14/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 20, 1980. In a Utilization Review report dated October 16, 2015, the claims administrator partially approved a request for Dilaudid. The claims administrator referenced an RFA form received on October 7, 2015 and an associated progress note of October 6, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 7, 2015, Dilaudid was renewed. On an associated progress note of October 6, 2015, the applicant reported ongoing complaints of back pain radiating to the right leg, 6/10. The note was very difficult to follow, was some 7 pages long, and mingled historical issues with current issues. Cymbalta, Dilaudid, OxyContin, Zestril, Invokamet were all renewed while the applicant was placed off of work, on 100% disability. The applicant was having difficulty standing and walking and was reportedly falling, the treating provider reported. The applicant was using Dilaudid 8 mg two tablets four times daily, the treating provider reported in one section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg, #240: 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, dosing.

Decision rationale: No, the request for Dilaudid, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed 100% disabled as of the October 6, 2015 office visit at issue. The applicant had difficulty performing activities as basic as standing and walking, the treating provider reported on that date. The applicant's failure to return to work, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage outweighed the attending provider's reports of 40% reduction in pain scores with ongoing medication consumption. It is further noted that the applicant's concurrent usage of Dilaudid 8 mg two tablets four times daily plus OxyContin 60 mg three times daily represented a total daily morphine equivalent dosage of 526 mg, i.e., well in excess of the 120 mg oral morphine equivalents daily dosage cap for opioid usage suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.