

Case Number:	CM15-0027843		
Date Assigned:	02/20/2015	Date of Injury:	09/18/2001
Decision Date:	04/06/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 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 56 year old female who sustained an industrial injury on 09/18/01. She reports low back pain which radiates into the bilateral legs. Her diagnosis is lumbar degenerative disease with radiculopathy. Treatments to date include medication and an intrathecal pain pump. In a progress note dated 01/05/15 the treating provider refilled her intrathecal pump with Fentanyl and continued her maintenance oral medications of Soma and Dilaudid. The treatment plan also included home exercise program, nonsteroidals, and ice. On 01/13/15 Utilization Review non-certified the Dilaudid, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 74, 88-89.

Decision rationale: The patient presents with low back pain, which radiates into bilateral legs. The current request is for Dilaudid 2mg #120. Dilaudid (hydromorphone) is an opioid pain medication. Dilaudid is used to treat moderate to severe pain. The treating physician on 12/15/14 (B44) requested Dilaudid 2 mg #120. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines. Recommendation is for denial.