

Case Number:	CM15-0031536		
Date Assigned:	02/24/2015	Date of Injury:	02/05/1999
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 48 year old male with an industrial injury dated 02/05/1999. His diagnoses include lumbago, thoracic and lumbosacral neuritis/radiculitis, post laminectomy syndrome lumbar region, intervertebral lumbar disc disorder with myelopathy in the lumbar region, and degenerative lumbar/lumbosacral intervertebral disc. Recent diagnostic testing has included electrodiagnostic studies (08/27/2014) showing no abnormal findings. Previous treatments have included conservative care, medications, insertion and removal of a pain pump, lumbar injection (12/24/2014), and lumbar laminectomy (no date). In a progress note dated 01/29/2015, the treating physician reports chronic severe low back pain, left mid-back pain, and worsening left lower extremity numbness, tingling and weakness. The pain was rated 6/10 with medications and 10/10 without medications. The objective examination revealed decreased left lower extremity strength and sensation. The treating physician is requesting Dilaudid which was denied by the utilization review. On 02/10/2015, Utilization Review non-certified a prescription for Dilaudid 8 mg 1 tablet by mouth every 6 hours as needed #120, noting that the use of this medication is not associated with objective measures of functional benefit directly attributed to this medication, and no report regarding time and extent of attempted pain control with non-controlled substances for pain control. The MTUS ACOEM Guidelines were cited. On 02/19/2015, the injured worker submitted an application for IMR for review of Dilaudid 8 mg 1 tablet by mouth every 6 hours as needed #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8 mg 1 tablet by mouth every 6 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped functionally by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as dilaudid.