

Case Number:	CM15-0046222		
Date Assigned:	03/18/2015	Date of Injury:	11/03/2002
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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, 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 62 year old male who sustained an industrial injury on 11/03/2002. Current diagnoses include lumbosacral spondylosis without myelopathy, thoracic/lumbosacral neuritis/radiculitis, spasm of muscle, lumbago, unspecified myalgia and myositis, spinal stenosis of lumbar region, displacement lumbar disc without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, and post-laminectomy syndrome lumbar region. Previous treatments included medication management, spinal cord stimulator, anterior and posterior decompression and fusion with hardware removal, and home exercise program. Diagnostic studies included EMG on 12/2008. Report dated 02/11/2015 noted that the injured worker presented with complaints that included chronic severe low back pain and bilateral leg pain and weakness. Pain level was rated as 5-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included discussion of pain treatment agreement, continue medical management/renew medications which included discontinuation of Percocet, trial of Dilaudid, continue Methadone, continue/increase Lyrica, continue Linzess, recommended additional/trial of Methadone but due to inconsistent follow-up and non-compliance will hold off, hold trial TN2, recommend regular home exercise/physical therapy, baseline urine drug testing done 12/04/2013, repeat urine drug screening done 01/14/2015, continue with transportation, request formal/regular follow, re-consult with ABI rep to re-evaluate the IPG and reprogram, order LFT/chem panel per patient request, and chemistry panel within normal limits. A note dated March 11, 2015 states that the patients pain is "better controlled" with dilaudid than percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg qid b/t pain prn #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Dilaudid (hydromorphone), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it does appear that the medication is improving the patient's pain, causing no side effects, and there are no signs of aberrant behavior with consistent urine drug screens. It is acknowledged that there is no documentation of functional improvement from this medication, but the patient was only started on the medication one month ago and it appears that there is a current flare-up. Therefore, one additional month is reasonable to allow the requesting physician time to document objective functional improvement after the flare-up subsides. As such, the currently requested Dilaudid (hydromorphone) is medically necessary.