

Case Number:	CM15-0047615		
Date Assigned:	03/19/2015	Date of Injury:	11/20/2010
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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 50 year old male who sustained an industrial injury on 11/20/2010. Current diagnoses include chronic intractable pain, status post left L5-S1 transforaminal lumbar interbody fusion with cage and posterior spinal instrumentation and fusion on 07/20/2013, L4-S1 stenosis, L4-S1 degenerative disc disease, left leg radiculopathy, and Status post removal of hardware on 02/05/2015. Previous treatments included medication management, lumbar fusion, hardware removal, and home exercises. Report dated 02/23/2015 noted that the injured worker presented with complaints that included continued lower back pain which radiates into the left buttock. Pain level was rated as 9 out of 10 on the visual analog scale (VAS) with medications. Current medication regimen includes Restoril, Tizanidine, Dilaudid, Bactrim DS, Lisinopril, Carvedilol, Metformin Hcl, Norvasc, Protonix DR, and simvastatin. Physical examination was positive for abnormal findings. The treatment plan included continuation with current medications, provided with a refill of Dilaudid for his ongoing complaints of post operative pain, consideration for a ongoing pain management referral, continue walking as tolerated in preparation for post-operative physical therapy, discontinue LSO brace, and follow-up in four to six weeks for consideration of post operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg 1-2PO Q4-6 hours #360: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient has continued severe low back pain which radiates to the left buttock. As of the 2-23-15 attending physician report, the patient was two weeks status-post removal of L5-S1 transforaminal lumbar interbody fusion with cage hardware. The current request is for refill of Dilaudid 4mg 1-2 PO Q 4-6 hours #360. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, while there is clear documentation of severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. However, the patient is postsurgical from major back surgery and function would be expected to be limited during this phase. There is documentation of adverse side effects and aberrant drug behaviors (UDS). The 2/23/15 attending physician report simply states that the patient has level 10/10 pain without medication and 9/10 pain with medication. As such, the current request is medically necessary and the recommendation is for authorization.