

Case Number:	CM15-0059360		
Date Assigned:	04/03/2015	Date of Injury:	04/23/2003
Decision Date:	05/21/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Family Practice

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 67 year old male, who sustained an industrial injury on 04/23/2013 reporting low back and leg pain. On provider visit dated 02/19/2015 the injured worker has reported chronic low back and leg pain. On examination of the lower back was noted tenderness to palpation at L1-L2 and decreased range of motion. Gait was noted to have a right sided limp and a generalized lower extremity weakness and a positive Faber test on the right was noted. The diagnoses have included depression, post lumbar laminectomy syndrome, close fracture calcaneus and chronic pain syndrome. Treatment to date has included medication, laboratory studies, psychotherapy and pain management, anterior lumbar and posterior lumbar fusion in 2005 and physical therapy. The provider requested refill medication Opana ER 30mg #60 and start pain medication Dilaudid 2mg #180 to rotate opioid medication and discontinuing Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Also, MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case, the morphine milligram equivalents are "90" for 30mg Opana BID, and "48" for Dilaudid 2mg taken every 6 hours. The cumulative number of morphine equivalents per day exceeds the recommended 120mg. This request is found to be not medically necessary.

Dilaudid 2mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved functioning with this chronic narcotic pain medication. Likewise, this request is not considered medically necessary.