

Case Number:	CM15-0080697		
Date Assigned:	05/01/2015	Date of Injury:	11/18/2004
Decision Date:	06/02/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 53 year old female, who sustained an industrial injury on 11/18/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbago, depressive disorder, spasm of muscle, and lumbosacral spondylosis without myelopathy. Treatment to date has included exercises, psychotherapy, and medication regimen. In a progress note dated 03/12/2015 the treating physician reports complaints of constant, aching, sharp, and nagging pain to the lower back that radiates to the left leg. The injured worker rated the average pain level to be a five out of ten with the worst amount of pain to be rated an eight out of ten and the least amount of pain to be rated a three out of ten. The treating physician requested the medication Dilaudid 4mg with a quantity of 240 with the physician noting that the injured worker uses this medication for pain control and noted that the injured worker has been able to increase her activities at home and has improvement in sleep. The treating physician also requested an evaluation and treatment at a multidisciplinary pain management office to have accessibility of complementary treatment options.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dilaudid 4mg #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; depressive disorder; spasm of muscle; and lumbosacral spondylosis without myelopathy. The Dilaudid start date is November 1, 2012. Dilaudid is indicated for treatment of moderate to severe pain. Hydromorphone carries a risk of respiratory depression in cardiac arrest and has a high risk of dependency and abuse. The injured worker has been taking Dilaudid 4 mg, 6-8 tablets per day. Ongoing opiate therapy may be considered beneficial if the injured worker has returned to work and has a reduction in pain with improved functioning. The injured worker has not returned to work and there is no objective evidence of improved functioning. There has been no attempt at weaning. There were no risk assessments or detail pain assessments. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, no attempt at weaning, no risk assessment or detailed pain assessments with long-term use of Dilaudid in excess of 2.5 years, Dilaudid 4mg #240 is not medically necessary.

Unknown evaluation and treatment at multi disciplinary pain management office: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, unknown evaluation and treatment for multidisciplinary pain management office is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis,

prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbago; depressive disorder; spasm of muscle; and lumbosacral spondylosis without myelopathy. According to a March 19, 2015 progress note, the treating provider's treatment plan included a request to have an "evaluation and treatment at a multidisciplinary pain management office so she (the injured worker) may have accessibility of complementary treatment options such as dorsal rhizotomy/nerve ablation, acupuncture, in-house physical therapy and dietary therapy." The injured worker has received minimal benefit from treatment through the present. The injured worker is not a candidate for ongoing opiate therapy (supra). The injured worker has persistent symptoms of pain. Although a multidisciplinary program evaluation may be beneficial, treatment recommendations should be made pursuant to the multidisciplinary evaluation. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, unknown evaluation and treatment for multidisciplinary pain management office is not medically necessary.