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| Case Number: | CM15-0089446 | | |
| Date Assigned: | 05/13/2015 | Date of Injury: | 10/25/2011 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58-year-old female, who sustained an industrial injury on 10/25/2011. She reported while traveling she fell onto her left side injuring her left rib cage, left foot, neck, and low back. The injured worker was diagnosed as having chronic cervical strain, cervical degenerative disease, multilevel cervical spondylosis, chronic lumbosacral strain, advanced lumbar degenerative disc disease, bilateral lower extremity radiculopathy; status post left foot surgery, and lumbar spinal stenosis. Treatment to date has included medications, x-rays, physical therapy, magnetic resonance imaging, lumbar epidural steroid injection, and TENS. The request is for Dilaudid. On 2/13/2015, her pain is rated 4/10. On 2/20/2015, she reported pain of the neck, low back, and left foot. She rated her pain level as 8-9/10. On 3/13/2015, she complained of neck pain with radiation to bilateral shoulders and bilateral upper extremities, and associated numbness, tingling, and stiffness. She complained of low back pain with radiation to bilateral lower extremities and associated numbness, stiffness, and decreased range of motion. She also complained of left foot pain. She rated her pain level as 8-9/10. She wears a lumbar brace for support. She indicated her pain is improved with lying down, massage, pain medications, epidurals, lumbar support and the use of a TENS unit. She indicated her activity is limited 100% of the time, and pain affects her sleep. The record indicated she had excellent response with Flector patches. The record indicated she failed to tolerate Gabapentin. The treatment plan included Lidoderm patches, Dilaudid, continue light exercises, and follow up in one month. She has been utilizing Dilaudid since at least September 2014. An AME report dated 3/18/2015 indicated she continued to remain highly symptomatic. Some of the medical records contain handwritten information, which is difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 58 year old female has complained of left foot pain, neck pain and low back pain since date of injury 10/25/11. She has been treated with surgery, physical therapy, epidural steroid injections, TENS unit and medications to include opioids since at least 09/2014. The current request is for Dilaudid. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Dilaudid is not medically necessary.