

Case Number:	CM14-0115972		
Date Assigned:	10/10/2014	Date of Injury:	06/01/2000
Decision Date:	11/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 64-year-old male who sustained a work injury on 6/1/2000. Medical records reflect that he had a lumbar epidural steroid injection in May 2014. Office visit on 10/3/14 notes the claimant reports back pain radiating from low back down both legs. The claimant rates his pain as 6 with medications and 8 without medications. The claimant reports the medications are working well. He reports increased lower back soreness today as he recently returned from vacation where he did a lot of walking. On exam, the claimant has restricted range of motion. He cannot heel-toe walk. Positive lumbar facet loading. Strength is 5-/5 right EHL, knee extensors, knee flexors and hip flexors. On the left the claimant has 4/5 knee extensors, knee flexors. Sensory exam shows decrease sensation to light touch at right lateral leg. It is noted the claimant has post laminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines and the ODG note that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication as required with documentation of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The claimant actually reported recent increase in back pain. Therefore, the medical necessity of this request is not established.

Duragesic patch 100 mcg/hr #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - opioids

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the ODG note that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication as required with documentation of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The claimant actually reported recent increase in back pain. Therefore, the medical necessity of this request is not established.

