

Case Number:	CM14-0145890		
Date Assigned:	09/12/2014	Date of Injury:	07/17/2008
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 50 year old male with an injury date of 07/17/2008. Based on the 05/05/14 progress report, the patient complains of increased back pain. He has paravertebral tenderness on his lower back and walks with a limp. The 05/08/14 report indicates that the patient is depressed, anxious, and agitated. On 05/01/14, the patient had an esophagogastroduodenoscopy with multiple biopsies. The 07/16/14 x-ray of the lumbar spine revealed stable mild osteophytosis, minimal retrolisthesis, and levoscoliosis all at L2-L3. The patient's diagnoses include the following: pain, low back, lumbar radicular pain and lumbar disc.

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 Hydromorphone (Dilaudid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89.

Decision rationale: According to the 05/05/14 report, the patient complains of back pain. The request is for Dilaudid 4 mg #90. MTUS Guidelines pages 88 and 89 states, "Pain should be

assessed at each visit, and functioning should be measured at 6-month interval using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcomes measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, there were no pain scales provided, nor were there any changes in activities of daily living discussed in regards to Dilaudid. The treater failed to mention that the patient has any adverse side effects or adverse behavior with this medication. Recommendation is for denial.