

Case Number:	CM14-0155938		
Date Assigned:	09/25/2014	Date of Injury:	06/18/2009
Decision Date:	11/10/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/23/2014

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 Alabama, New York, and Maryland. 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:

Injured worker is a 32-year-old male who sustained an industrial-related injury on 6/18/09. He was evaluated by [REDACTED] on 7/16/14 for bilateral low back pain. He described the pain as aching, burning, cramping, crushing, numbness, sharp, shooting and throbbing. The pain radiates in the left L5 distribution, right S1 distribution, to both groins, and anterior lateral thigh and calf. The pain was rated 6-9/10. Injured worker was on Percocet and Dilaudid with some common side effects. There was mention of ambulatory pain behaviors and guarded movements, and that the injured worker changed positions frequently, and otherwise, physical exam was unremarkable. The treatment plan was to continue the medication management, as well as mention that the injured worker was disabled; a QME evaluation was requested based on the injured worker's lack of progress. There was a request for Percocet 10/325mg #60 and Dilaudid 4mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg Quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the CA MTUS CPMT guidelines, short-acting opioids are seen as an effective method in controlling intermittent or breakthrough pain. According to the guidelines, a major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. It is now suggested that rather than simply focusing on pain severity, improvements in a wide range of outcomes should be evaluated as well, including measures of functionality, appropriate medication use, and side effects. Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. This injured worker's lack of progress and overall functionality does not support the provider's request for more Dilaudid at this point as treating the injured workers pain will only put him at risk for its adverse effects. Therefore, based on the guidelines stated above and the available medical records, this request for Dilaudid 4mg Quantity 10 is not medically necessary.