

Case Number:	CM14-0183248		
Date Assigned:	11/10/2014	Date of Injury:	07/22/1998
Decision Date:	12/26/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	11/04/2014

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 & Rehabilitation, 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 49-year-old male with date of injury of 07/22/1998. The list of diagnoses per the treating physician from 09/22/2014 are: 1. Chronic low back pain 2. Chronic mid back pain 3. Right knee pain. According to this report the patient complains of chronic back pain. He reports that he had another fall on August 24, 2014 when he had one of his episodes of "flaccid spasms" while walking when his right lower extremity he simply gave out and he landed hard on his knee. The patient reports continued swelling throughout the right knee and calf. He reports that generally his medications help 50% or greater in reducing his pain during flare-ups. There is mild swelling evident initially on the right knee particularly over the proximal and medial aspect. He has mild edema on the left calf. The patient is not able to fully flex or extend his knee on the right. The documents include an MRI of the thoracic spine from 02/10/2013, x-ray of the right foot from 07/02/2014, x-ray of the right knee from 08/27/2014, urine drug screens from 06/10/2013 to 07/10/2014. The utilization review denied the request on 10/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic low back pain and right knee pain. The treater is requesting Dilaudid. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The 08/11/2014 report shows that the patient's average pain is around 3/10. There was two weeks when the patient did not have any pain medications and his pain level was as high as 10/10 and his functional status was low. Now the patient is able to do some yard work, activities of daily living, showering, shaving, and getting out of the house. He continues to have intermittent levels of flaccidness. The 08/26/2014 report shows the same findings from 08/11/2014. The 09/04/2014 report notes that patient's musculoskeletal gait is unchanged. There are no new deformities noted. The treater is requesting switching from oxycodone to Dilaudid for breakthrough pain. He has been taking oxycodone for years and the treater would like to switch due to tolerance and reduced efficacy. MTUS do allow trying different opioid medications to address tolerance. The request is medically necessary.