

Case Number:	CM14-0097478		
Date Assigned:	07/28/2014	Date of Injury:	08/03/2007
Decision Date:	10/20/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 injured worker is a 61 year old male who was injured on 08/03/07 sustaining chronic lumbar backache. The mechanism of injury is not documented in the clinical notes submitted for review. Current diagnoses include degenerative disc disease, myofascial pain, post laminectomy syndrome, sciatica, chronic low back pain, and anxiety. Clinical note dated 05/19/14 indicated the injured worker presents with back pain, flare up the day before. The injured worker indicated the medications help a lot except during flare ups that happen twice a month. He reports 80% improvement with current regimen, with improved pain, range of motion and activities of daily living. The back pain was located in the bilateral lumbar region, and described as aching, cramping, and spasmodic. Pain was rated as 4/10 on the pain scale. Exacerbating factors are squatting, walking and standing. Relieving factors consist of medication and rest. Physical examination revealed bilateral tenderness in the lumbar area. Lumbar range of motion revealed diminished flexion and extension, restricted by pain. Medications include Dilaudid 4mg Q 4hrs prn for break through pain and Opana ER 20mg 2 tabs BID. Dilaudid was decreased to 5x a day. Trial of spinal cord stimulator was advised with the goal to taper down on opioids. Clinical documentation indicated tapering down on the opioids to a lower targeted level while trying to maintain optimum pain control and function. The previous requests for Dilaudid 4mg #180 was modified to certification of #150 and Opana ER 20mg #120 was modified to certification of #90 on 05/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg # 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria of Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. There was also the intent to taper down on the opioids, and a trial of spinal cord stimulator is being scheduled. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, the medication, Dilaudid 4mg #180 is recommended as medically necessary at this time.

Opana ER 20mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed in the clinical documentation. There was also the intent to taper down on the opioids, and a trial of spinal cord stimulator is being scheduled. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, the medication, Opana ER 20mg #120 is recommended as medically necessary at this time.