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| Case Number: | CM14-0175756 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 07/28/2005 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 59 year old male who sustained an industrial injury on 07/28/2005. The medical records do not include documentation of the original injury. The injured worker was diagnosed as having chronic low back pain; bilateral lower extremity pain, with left leg pain secondary to multilevel degenerative changes of the lumbosacral spine. Treatment to date has included medications. Currently, the injured worker complains of chronic low back pain and bilateral leg pain. The IW complains of leg pain secondary to multilevel degenerative changes of the lumbar spine, and has chronic low back pain. He reports 30% pain relief on his current medication regimen. His medication regimen is: Methadone HCL 10 mg tablet, 1 tablet every 8 hours; Soma 350 Mg tablet, 1 tablet three times daily; and Dilaudid 4 mg tablet, 1 tablet every 6 hours as needed. The request is for Dilaudid (hydromorphone) tablet, 4mg, and #120 for chronic low back pain (unspecified if dispensed or undispensed).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid (hydromorphone) tablet, 4mg, #120 for chronic low back pain (unspecified if dispensed or undispensed): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 07/31/14 sole progress report provided by treating physician, the patient presents with chronic low back and bilateral leg pain. The request is for Dilaudid (Hydromorphone) Tablet 4mg #120 For Chronic Low Back Pain (Unspecified If Dispensed Or Undispensed). Patient's diagnosis per Request for Authorization form dated 09/25/14 includes lumbar disc and low back pain. Patient medications include Methadone, Soma and Dilaudid. Current medication regimen provides 30% pain relief. Patient has been compliant with pain management/ controlled substance agreement. Patient denies history of medication overdose, or drug abuse. Urine sample given on 07/31/14. Work status not available. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome 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. MTUS p77 states: "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." It is not known when Dilaudid was initiated. In this case, treater has not stated how Dilaudid reduces pain and significantly improves patient's activities of daily living. Treater has addressed analgesia with numerical scales, but no validated instruments. MTUS states that: "function should include social, physical, psychological, daily and work activities." Treater has addressed aberrant behavior with mention of pain contract and UDS sample collection; but UDS results were not provided, and no mention of CURES reports. There are no specific discussions regarding adverse reactions, ADL's, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.