

Case Number:	CM15-0014006		
Date Assigned:	02/02/2015	Date of Injury:	07/17/2009
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48-year old male, who sustained a work related injury on 7/1/09. The diagnoses have included lumbar post-laminectomy syndrome, right lower extremity radiculopathy, reactive depression/anxiety, neurogenic bladder/erectile dysfunction and status post right femur ORIF surgery. Treatments have included trigger point injections, and oral medications including Dilaudid. In the PR-2 dated 1/9/15, the injured worker complains of chronic, debilitating low back pain. He has pain that radiates down both legs. He rates the pain a 6-9/10 with medications. Without medication, he is bedridden. He has decreased range of motion in low back. On 1/9/15, Utilization Review non-certified a prescription request for Dilaudid 8mg., #30. The California MTUS, Chronic Pain Treatment Guidelines, and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid tab 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78, 80-82, 86-87, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-97.

Decision rationale: The injured worker sustained a work related injury on 7/1/09. The medical records provided indicate the diagnosis of lumbar post-laminectomy syndrome, right lower extremity radiculopathy, reactive depression/anxiety, neurogenic bladder/erectile dysfunction and status post right femur ORIF surgery. Treatments have included trigger point injections, and oral medications including Dilaudid. The medical records provided for review do not indicate a medical necessity for Dilaudid tab 8mg #30. The MTUS does not recommend the use of more than 120 morphine equivalents of opioid in a day; but the record indicates the injured worker was prescribed 128 morphine equivalents per day, and at the same time prescribed 60 Morphine equivalents in a day. Also, the record indicates the injured worker has been receiving these medications sine 07/2014 without improvement in overall pain and function.