

Case Number:	CM15-0015355		
Date Assigned:	02/03/2015	Date of Injury:	10/30/1999
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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 53 year old male who sustained an industrial injury on 10/30/99. The injured worker reported symptoms in the spine. The diagnoses included spine pain, arthritis/osteoarthritis - generalized, sacroilitis, post-spine surgery syndrome, chronic pain syndrome. Treatments include activity modifications, transcutaneous electrical nerve stimulation unit, injections, status post discectomy and posterior fusion, oral pain medications. In a progress note dated 12/16/14 the treating provider reports the injured worker was with "pain in his lumbar region and left leg" On 1/7/15 Utilization Review non-certified the request for Dilaudid 8 milligrams and morphine sulfate Contin 60 milligrams. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, on going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/30/99. The medical records provided indicate the diagnosis of spine pain, arthritis/osteoarthritis - generalized, sacroilitis, post-spine surgery syndrome, chronic pain syndrome. Treatments include activity modifications, transcutaneous electrical nerve stimulation unit, injections, status post discectomy and posterior fusion, oral pain medications. The medical records provided for review do not indicate a medical necessity for Dilaudid 8mg . The MTUS recommends discontinuation of opioid treatment if there is no overall improvement in function, unless there are extenuating circumstances; or if there is continuing pain with the evidence of intolerable adverse effects; or if there is decrease in functioning. Also, the the research for the use of opioids for treatment of chronic pain have been limited to 70 days; therefore, MTUS recommends that opioids be used for short-term treatment of moderate to moderately severe chronic pain. However, the records indicate the injured worker has been using this medication since 2011 without documented evidence of improvement.

Ms Contin 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/30/99. The medical records provided indicate the diagnosis of spine pain, arthritis/osteoarthritis - generalized, sacroilitis, post-spine surgery syndrome, chronic pain syndrome. Treatments include activity modifications, transcutaneous electrical nerve stimulation unit, injections, status post discectomy and posterior fusion, oral pain medications. The medical records provided for review do not indicate a medical necessity for Ms Contin 60mg . The MTUS recommends discontinuation of opioid treatment if there is no overall improvement in function, unless there are extenuating circumstances; or if there is continuing pain with the evidence of intolerable adverse effects; or if there is decrease in functioning. Also, the research for the use of opioids for treatment of chronic pain have been limited to 70 days; therefore, MTUS recommends that opioids be used for short-term treatment of moderate to moderately severe chronic pain. However, the records indicate the injured worker has been using this medication since 2011 without documented evidence of improvement.