

Case Number:	CM15-0018063		
Date Assigned:	02/06/2015	Date of Injury:	05/11/2010
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: 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 is a 61-year-old male, who sustained an industrial injury on 05/11/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar strain/sprain, sacroiliac sprain, status post lumbar fusion, and radiculopathy bilaterally. Treatment to date has included medication regimen, above listed surgical procedure, magnetic resonance imaging of the thoracic spine, magnetic resonance imaging of the lumbar spine, physical therapy, and home exercise program. In a progress note dated 01/07/2015 the treating provider reports acute mid and low back pain. The treating physician requested Dilaudid to continue with the injured worker's care. On 01/16/2015 Utilization Review non-certified the requested treatment of Dilaudid 4mg for a quantity of 150, noting the Medical Treatment Utilization Schedule, 2009, Chronic Pain Medical Treatment Guidelines, 07/18/2009, pages 76 to 81, and page 48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

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

Decision rationale: MTUS Guidelines 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 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. Dilaudid has been included in patient's medications, per progress reports dated 11/04/13, 08/27/14, and 01/07/15. Per progress report dated 01/07/15, treating physician states "the patient describes an increase in his ADL's and sleep with his medication use." In this case, the treating physician provides general statements and has not stated how Dilaudid reduces pain and significantly improves the patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.