

Case Number:	CM15-0110679		
Date Assigned:	06/17/2015	Date of Injury:	07/07/2009
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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, Florida, California
 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 38 year old male, who sustained an industrial injury on 7/7/09. He has reported initial complaints of back injury with pain. The diagnoses have included chronic low back pain with sciatica, lumbar disc herniation with radiculopathy and lumbar facet arthropathy. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, acupuncture, epidural steroid injection (ESI) and aqua therapy. Currently, as per the physician progress note dated 5/6/15, the injured worker complains of chronic continuous moderate to severe pain affecting the back and legs, left worse than the right side. He states that he is almost non-functional this month due to medication denials. There are now increased muscle spasms, cramping pain, poor sleep, decreased functional ability and sciatic nerve pain. The increased pain is causing increased emotional upset, frustration, depression which wasn't present with the pain control with medications. He was seen by a neurosurgeon who recommends lumbar fusion. The current complaints are constant aching, throbbing shooting pain in the low back that radiates to the both legs, feet and ankles that causes numbness, tingling and gait instability to the point of having to use a cane or he will fall. He reports nausea, radiating pain, numbness, tingling, weakness, back spasm, insomnia and low energy. The physical exam of the lumbar spine reveals palpable spasm, decreased lumbar range of motion, tenderness with multiple trigger points, tenderness over the bilateral sciatic notches and gluteus medius and maximus with trigger points and local twitch. The straight leg raise is positive at 30 degrees. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electro-myography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower

extremities. The current medications included Dilaudid, Tramadol, Gabapentin, Celebrex, Omeprazole, Flexeril, Lunesta, and Zofran. There is no previous urine drug screen report noted. The physician requested treatment included 150 Dilaudid 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 Dilaudid 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid); Opioids, dosing; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2009. There is back pain. There has been extensive treatment to date. The outcome of objective functional improvement out of the medicine is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore, the requested treatment is not medically necessary.