

Case Number:	CM15-0114235		
Date Assigned:	06/22/2015	Date of Injury:	09/03/1997
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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 57 year old, male who sustained a work related injury on 9/3/97. The diagnoses have included failed back surgery syndrome, bilateral sacroiliac joint pain, bilateral leg neuropathy and spinal cord stimulator. Treatments have included use of spinal cord stimulator, medications, bilateral sacroiliac joint injections, back surgery and home exercises. In the office visit note dated 5/28/15, the injured worker complains of a new onset of burning pain from his right buttock, wrapping around his left leg and into the top of his left foot. He had his pain medication changed to Dilaudid by another physician last month and states this medication is well tolerated and is helpful in managing his pain. He has axial tenderness in lumbar region. He has decreased range of motion in lumbar region due to pain. He has pain and discomfort over bilateral sacroiliac joints. Fabers test is positive in both legs. The treatment plan includes a prescription for Dilaudid (hydromorphone).

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Hydromorphone 4mg #200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: The patient complains of lower back pain along with right buttock pain wrapping around his left leg and into the top of his left foot, as per progress report dated 05/28/15. The request is for ONE PRESCRIPTION FOR HYDROMORPHONE 4mg #200. An RFA related to this request was dated 06/24/15, after the UR date, and the patient's date of injury is 09/03/97. Diagnoses included failed back surgery syndrome, bilateral sacroiliac joint pain, bilateral lower extremity neuropathy, and DCS. The patient is taking Dilaudid for pain relief and is disabled, as per the same progress report. 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." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, a prescription for Hydromorphone is first noticed in progress report dated 04/02/15. Prior reports document the use Norco that led to 30-50% pain relief with no side effects, as per progress report dated 12/16/14. In progress report dated 04/02/15, the treater states, "He takes hydromorphone for pain relief. It gives him only partial relief of his symptoms." In a subsequent report dated 05/28/15, the treater states that the patient "finds this medication well-tolerated and helpful in managing pain." The treater, however, does not use a pain scale to demonstrate reduction in pain due to Hydromorphone nor does the treater provide specific examples that indicate improvement in function. There is no discussion regarding side effects of this medication. Additionally, no UDS or CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.