

Case Number:	CM15-0127731		
Date Assigned:	07/14/2015	Date of Injury:	02/26/2013
Decision Date:	09/02/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50-year-old male who sustained an industrial/work injury on 2/26/13. He reported an initial complaint of left knee and foot pain. The injured worker was diagnosed as having post-lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, low back pain, foot pain, knee pain, pain in joint lower leg. Treatment to date includes medication, surgery (open reduction and internal fixation (ORIF) of left ankle on 2/27/13 and repeat surgery on 3/2013), diagnostics, and physical therapy. X-ray results were reported during the visit that demonstrated good resection of hardware, fracture sites appear to be well-healed, good overall alignment, no new acute fracture. Currently, the injured worker complained of slowly improving with no new complaints since left ankle surgery approximately 2 months earlier and recent grand mal seizure. Per the primary physician's report (PR-2) on 5/12/15, exam notes wounds are clean and dry, no signs of erythema or infection, neurovascularly intact with 2+ pulses, diffuse tenderness throughout the left ankle, range of motion and strength are within normal limits, and no gross instability. Weight bearing is as tolerated. The requested treatments include Dilaudid 4 mg tablet, take 1 twice daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg tablet, take 1 twice daily as needed, Qty 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of dilaudid nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is documentation of serial UDS, however, these are dated from 2007-2012. CURES were not available. As MTUS recommends discontinuing opioids if there is no overall improvement in function, this request is not medically necessary.