

Case Number:	CM15-0128301		
Date Assigned:	07/14/2015	Date of Injury:	09/18/2001
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/02/2015

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 56-year-old female who sustained an industrial injury on September 18, 2001, resulting in back pain. She is diagnosed with myalgia and myositis of the lumbar spine, and post laminectomy and spinal fusion syndromes. Treatment has included L3-L4 laminectomy; posterolateral fusion; spinal cord stimulator implantation; morphine pump; attendance in a functional restoration program; back brace; TENS unit; home exercise; and, oral and transdermal medications. Medications are reported to provide 80% pain relief. Efficacy of other treatments is not provided in documentation. The injured worker continues to present with bilateral radiating back pain. The treating physician's plan of care includes Dilaudid, 2mg. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid tab 2mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: This patient presents with chronic low back pain. The current request is for Dilaudid tab 2mg #120. The RFA is dated 05/04/15. Treatment has included L3-L4 laminectomy; posterolateral fusion; spinal cord stimulator implantation; morphine pump; attendance in a functional restoration program; back brace; TENS unit; home exercise; and, oral and transdermal medications. The patient is currently not working. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 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." This patient has been prescribed Dilaudid since at least 12/16/14. According to progress report 05/04/15, the patient complains of back pain that radiates into the bilateral legs. Examination revealed pain with ROM, and positive SLR on the right at 60 degrees. It was noted that medications allow the patient to walk, stand and tolerating ADLs. Progress report 04/06/15 noted that meds help, and she is able to sit 1.5 hours and stand for 30 mins. She is tolerating medications well with no side effects. Progress reports from 12/16/14 through 05/04/15 were provided for review. In this case, the medical reports contain no UDS reports or any discussion thereof. There are no discussions regarding CURES reports or aberrant behaviors as required by MTUS for opiate management. MTUS requires that all the 4As be addressed for continued opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.