

Case Number:	CM15-0170225		
Date Assigned:	09/10/2015	Date of Injury:	09/01/2004
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/28/2015

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 69 year old female, who sustained an industrial injury on September 1, 2004. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbosacral spondylosis, lumbar and sacral radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, sacroiliac syndrome, and myalgia. Medical records (June 23, 2015 to August 12, 2015) indicate ongoing low back pain and stiffness with pain radiating into her bilateral posterior and lateral lower extremities, greater on the right than the left. Associated symptoms include numbness and weakness in the bilateral lower extremities. Her pain was rated 4-6 out of 10. She reported her medications allow her to live a good quality of life without side effects. The physical exam (June 23, 2015 to August 12, 2015) reveals ongoing loss of lumbar lordosis, mildly decreased lumbar range of motion, mild tenderness to palpation of the lumbar paraspinal muscles with muscle spasms present, posterior tenderness over the left greater than right sacroiliac joint, and decreased sensation along the dorsum of the left foot and lateral calf. The treating physician noted that the Controlled Substance Utilization Review and Evaluation System (CURES) from July 14, 2015 was scanned and the urine drug screen from February 26, 2015 was consistent. On August 12, 2015, a urine drug screen detected hydromorphone. Surgeries to date have included decompressive laminectomy, bilateral medial facetectomies and foraminotomies, discectomy, and posterior lumbar interbody fusion (PLIF) at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) on October 14, 2014. Treatment has included: physical therapy, sacroiliac injections, ice, heat, and medications including pain (Dilaudid since at least February 2015), anti-epilepsy, muscle

relaxant, and proton pump inhibitor. The requested treatments included continuing Dilaudid 4mg. On August 26, 2015, the original utilization review non-certified a request for Dilaudid 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Dilaudid 4mg quantity 120 is not medically necessary and appropriate.