

Case Number:	CM15-0179368		
Date Assigned:	09/21/2015	Date of Injury:	08/14/1997
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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 52 year old male who sustained an industrial injury on 8-14-97. The injured worker reported back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for status post spinal fusion, left knee suprapatellar and infrapatellar bursitis secondary to direct fall onto left knee and status post removal of spinal cord stimulator. Medical records dated 9-15-15 indicate pain rated at 7 out of 10. Provider documentation dated 8-24-15 noted the work status as permanently disabled. Treatment has included H-wave trial, physical therapy, chiropractic treatments, surgery, transcutaneous electrical nerve stimulation unit, home exercise program, radiographic studies (12-17-13), Exalgo, Lunesta, Dilaudid, Amitiza, and Thermacare heat wrap. Objective findings dated 9-15-15 were notable for lumbar paraspinal musculature with pain upon range of motion. The treating physician indicates that the urine drug testing result (2-26-15) showed no aberration. The original utilization review (8-28-15) partially approved a request for Dilaudid 4 milligrams quantity of 200 and Medrol dosepak 4 milligrams quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #200: 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 for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 79, 80 and 88 of 127 Key case points are as follows. The claimant was injured in 1997 with back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for status post spinal fusion, left knee suprapatellar and infrapatellar bursitis secondary to direct fall onto left knee and status post removal of spinal cord stimulator. The original utilization review (8-28-15) partially approved a request for Dilaudid 4 milligrams quantity of 200 and Medrol Dosepak 4 milligrams quantity of 1. 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. Also, 200 tablets of narcotics is a lot to dispense; a smaller number may be clinically reasonable. Ultimately, as shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Medrol dosepak 4mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain, Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Oral Steroids.

Decision rationale: As previously noted, key case points are as follows. The claimant was injured in 1997 with back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for status post spinal fusion, left knee suprapatellar and infrapatellar bursitis secondary to direct fall onto left knee and status post removal of spinal cord stimulator. The original utilization review (8-28-15) partially approved a request for Dilaudid 4 milligrams quantity of 200 and Medrol Dosepak 4 milligrams quantity of

1. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding oral steroids, the ODG notes: Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013) Criteria are not met for the oral steroids. The request is not medically necessary.