MAXIMUS Federal Services

Case Number:	CM15-0026265		
Date Assigned:	02/18/2015	Date of Injury:	10/05/2000
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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: Georgia, California, Texas
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 57 year old female, who sustained an industrial injury on 10/5/2000. She reports a fall and a low back injury. Diagnoses include unspecified lumbosacral neuritis, lumbar post-laminectomy syndrome, chronic pain syndrome, leg pain, knee replacement, depression, lumbago and esopathy of the hip joint. Treatments to date include surgery, epidural steroid injection, physical therapy, power mobility chair and medication management. Progress notes from the treating provider dated 12/18/2014 and 1/12/2015 indicates the injured worker reported pain in the head, arms, legs, neck, left shoulder, buttocks, thoracic spine, right hip, left hand, knees, abdomen, low back and ankles. On 1/12/2015, Utilization Review non-certified the request for Dilaudid 4mg #126, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #126: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids, dosing Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per office notes, the injured worker is receiving intrathecal morphine, as well as oral opioids exceeding the MTUS recommendation of dosage no more than the equivalent of 120 mg of oral morphine per day. Despite opioid treatment she reports 8/10 to 10/10 pain. She reports that she is resting or reclined 75% to 100% of the day, and does not get dressed or go out of the house on a daily basis. Due to the lack of documented significant symptomatic or functional improvement with opioid therapy in this case, medical necessity is not established for the requested Dilaudid per MTUS guidelines.