

Case Number:	CM15-0061896		
Date Assigned:	04/07/2015	Date of Injury:	11/18/2004
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida

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 (IW) is a 52-year-old female who sustained an industrial injury on 11/18/2004. Diagnoses include lumbago, depressive disorder (NOS), spasm of muscle and lumbosacral spondylosis without myelopathy. Treatment to date has included medications, cognitive behavioral therapy, physical therapy, home exercise and epidural steroid injections. Diagnostics performed to date has included x-rays, discogram, MRIs, functional capacity evaluation and electrodiagnostic studies. According to the progress notes dated 1/20/15, the IW reported constant low back pain, 8/10 with medication, 10/10 without medication. There was objective findings of tenderness and muscle spasm of the lumbar paraspinal muscle and positive straight leg raising test. A request was made for Dilaudid 4mg. The medications listed are Sertraline and Dilaudid. The records indicate the previous requests for Celebrex, gabapentin, Exalgo, UDS and referral to comprehensive multidisciplinary pain management program was not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid). Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic); Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 36-37, 42-43, 46, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The guidelines recommend documentation of compliance monitoring with serial UDS, absence of aberrant behavior, CURES data checks and functional restoration. It is recommended that non opioids analgesics such as NSAIDs, anticonvulsants and antidepressants be utilized as first line medications in patients with co-existing psychosomatic conditions. The records indicate that these co-analgesic have not been tried because of non authorization by the carrier. The request for UDS and multidisciplinary pain program was also not authorized. The guidelines recommend that long acting extended release opioids be utilized for maintenance treatment because of better sustained pain relief profile. The criteria for the use of Dilaudid 4mg #240 was not met. The guidelines recommend that patients with co-existing psychiatric conditions who are utilizing high dose opioid medications be referred to chronic pain programs or addiction clinics for safe weaning and transition to multidisciplinary treatment modalities that include non opioids medications, PT and behavioral therapy. The request is not medically necessary.