

Case Number:	CM15-0095341		
Date Assigned:	05/21/2015	Date of Injury:	07/01/2006
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old male, who sustained an industrial injury on 07/01/2006. According to a progress report dated 04/16/2015, the injured worker complained of lower back, radiating pain to both lower extremities. Pain was described as stabbing, numbness, pressure, electrical/shooting, weakness and spasm. Previous pain rating on a good day was 7 on a scale of 1-10. Current pain rating on a good day was 7. Previous pain rating on a bad day was 9. Current pain rating on a bad day was 8. Duration of pain was constant. Active medications included Dilaudid, Belladonna Alk-Phenobarbital, Atorvastatin Calcium, Nitrostat, Metoprolol, Clopidogrel Bisulfate, Lisinopril, Aspirin, Lansoprazole and Bentyl tabs. Diagnoses included facet arthropathy lumbar, sacroiliac joint dysfunction, lumbar radiculopathy left greater than right and spasm muscle. Treatment plan included Dilaudid and a urine toxicology screen. The provider noted that the injured worker tried to decrease his medications. He did not report any withdrawal symptoms, but he had severe pain as well as difficulty in functions and activities of daily living. Treatment to date has included medications, spinal cord stimulator, facet blocks and physical therapy. Records show that the injured worker was using Dilaudid dating back to 2010. Currently under review is the request for Dilaudid 4mg quantity 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg; quantity: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Dilaudid 4mg; quantity: 150 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement or significant pain improvement therefore, the request for continued Dilaudid use is not medically necessary.