MAXIMUS Federal Services

Case Number:	CM15-0096979		
Date Assigned:	05/27/2015	Date of Injury:	09/21/1998
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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 68-year-old female, who sustained an industrial injury on 9/21/98. The injured worker was diagnosed as having post lumbar laminectomy syndrome and lumbar disc disorder. Treatment to date has included oral medications including opioids, intrathecal pump and topical medications. Currently, the injured worker complains of low back pain rated 7/10 with medications, she also notes poor sleep quality. The injured worker noted improved level of function with medications. Physical exam noted lumbar spine surgical scar, restricted range of motion of lumbar spine, unsteady gait and tenderness is noted over the left hip SI joint with internal rotation. A request for authorization was submitted for Lexapro, Dilaudid and Hydromorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain. The physician is requesting DILAUDID 4MG #75. The RFA dated 04/29/2015 shows a request for Dilaudid 4 mg tablet quantity 75. The utilization review dated 05/06/2015 modified the request to 60 tablets. The patient is currently not working. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. Medical records show that patient has been prescribed Dilaudid since before 11/06/2014. The treating physician's progress report from 04/20/2015 shows that the patient's current pain level without medication is 9/10 and 7/10 with pain medications. The patient states, "medications are working well." No side effects were reported and a pain agreement has been reviewed. However, no UDS or CURES report were provided. The patient is stable and has improved quality of life including increased capabilities for activities of daily living with medication regimen. With medications, the patient can perform household tasks including cooking, cleaning, self-care for 30 to 45 minutes or greater. She does not exhibit any adverse behaviors to indicate addiction. In this case, not all 4A's were addressed as required by the MTUS guidelines. There are no urine drug screens or CURES report provided to determine adherence to medications. There are no validated instruments used. In this case, the treating physician has not provided proper documentation as required by the MTUS guidelines for continued opiate use. The request IS NOT medically necessary.