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| Case Number: | CM14-0140732 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 06/15/1991 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old female with a reported date of injury on 06/15/1991. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post spinal cord stimulator battery replacement, status post bilateral sacroiliac radiofrequency nerve ablation, lumbar sprain/strain, bilateral sacroiliac joint pain, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis, lumbar postlaminectomy syndrome, cervical disc protrusion, cervical radiculopathy, cervical stenosis, cervical degenerative disc disease, cervical facet joint arthropathy, cervical facet joint pain and cervical sprain/strain. Her previous treatments were noted to include trigger point injections, spinal cord stimulator and medications. The progress note dated 07/31/2014 revealed complaints of bilateral low back pain that radiated to the buttocks. Her medication regimen was noted to include Dilaudid 4 mg twice a day as needed for pain. The physical examination revealed tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints, bilateral sacroiliac joint regions and cervical paraspinal muscles. There was a left trapezius focal tenderness with circumscribed trigger point. There was decreased lumbar range of motion with pain in directions. The cervical range of motion was restricted by pain in all directions. The lumbar discogenic provocative maneuvers were positive and the sacroiliac provocative maneuvers, Gaenslen's, Patrick's maneuver and pressure at the sacral sulcus were positive bilaterally. The muscle stretch reflexes were 1 and symmetric bilaterally in all limbs and the motor strength was rated 5/5. The provider indicated the Dilaudid provided 60% improvement of breakthrough pain and 70% improvement on activities of daily living, such as self-care and dressing. The provider indicated the injured worker was on an up to date pain contract and the previous urine drug screens were consistent with no aberrant behaviors. The

progress note dated 08/28/2014, revealed complaints of bilateral low back pain that radiated to the buttocks. The injured worker indicated the trigger point injection provided 90% pain relief. The physical examination revealed decreased lumbar and cervical range of motion. The provider indicated the Dilaudid met the guidelines as it provided 60% pain relief with 60% improvement of activities of daily living, such as self-care and dressing. The provider indicated the injured worker was on an up to date pain contract and the previous urine drug screen was consistent. The medication had no adverse effects on the injured worker and there were no signs of aberrant behavior with this medication. The Request for Authorization form dated 08/13/2014, was for 1 Dilaudid 4mg, 1 tablet twice a day for pain #60 as an outpatient for submitted diagnosis of lumbar post laminectomy syndrome, lumbar stenosis, lumbar disc protrusion, lumbar facet joint arthropathy and lumbar facet joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Dilaudid 4mg, one tablet twice a day for pain #60 as an outpatient for submitted diagnosis of lumbar post laminectomy syndrome, lumbar stenosis, lumbar disc protrusion, lumbar facet joint arthropathy, lumbar facet joint pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78..

Decision rationale: The request for 1 Dilaudid 4mg, 1 tablet twice a day for pain #60 as an outpatient for submitted diagnosis of lumbar post laminectomy syndrome, lumbar stenosis, lumbar disc protrusion, lumbar facet joint arthropathy and lumbar facet joint pain is not medically necessary. The injured worker has been utilizing the medication since 05/2013. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The guidelines do not support long term utilization of these medications. The documentation provided indicated the injured worker was provided 60% pain relief with the use of this medication. The documentation provided indicated the injured worker was afforded 60% improvement with activities of daily living such as self care and dressing. The injured worker denied side effects and aberrant drug taking behaviors and the provider indicated the urine drug screen was consistent. There is a lack of documentation regarding consistent urine drug screens and when the last test was performed and without details regarding the urine drug screens, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the injured worker has been taking this medication for over 1 year. Therefore, the request is not medically necessary.