

Case Number:	CM13-0048708		
Date Assigned:	12/27/2013	Date of Injury:	10/09/2000
Decision Date:	04/16/2015	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/06/2013

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 71 year old female, who sustained an industrial injury on 10/09/2000. The mechanism of injury has not been provided. She was diagnosed as having lumbago with left sided radiculopathy, sacroiliac joint and facet joint arthropathy, migraine headaches, reactive anxiety and depression, reactive insomnia and fall with vertebral fracture. Treatment to date has included diagnostics, injections and medication. Per the Primary Treating Physician's Progress Report dated 9/05/2013, the injured worker reported worsening low back pain rated as 7-8/10. There is radiation into the thoracic spine. Physical examination revealed exquisite tenderness over the sacroiliac joints with positive provocation tests. She is totally disabled. The plan of care included sacroiliac joint injections bilaterally, lumbar epidural steroid injections, and continuation of Dilaudid and Avinza. Authorization was requested for Dilaudid 240mg #240 and Avinza ER 120mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 240MG 1-2 TABLETS #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid; generic available) Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines state that patients on chronic opioids should be monitored for efficacy, side effects, functional improvement, and signs of aberrant drug use. In this case, the patient is on very high doses of opioids without documented efficacy and no evidence of functional improvement. There is no documentation of urine drug screen results or opiate use contract. Thus, the request for Dilaudid 240 mg #240 is not medically appropriate and necessary.

AVINZA ER 120MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines state that patients on chronic opioids should be monitored for efficacy, side effects, functional improvement, and signs of aberrant drug use. In this case, the patient is on very high doses of opioids without documented efficacy and no evidence of functional improvement. There is no documentation of urine drug screen results or opiate use contract. Thus the request for Avinza ER 120 mg #90 is not medically appropriate and necessary.