

Case Number:	CM13-0008141		
Date Assigned:	09/13/2013	Date of Injury:	02/17/2012
Decision Date:	01/31/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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.

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 patient is a 43-year-old male who reported an injury on 02/17/2012. The mechanism of injury was being hit by multiple 350 pound pipes while unloading his truck. The patient's initial course of treatment included activity modification, NSAIDs, custom orthotics, and physical therapy. More recently, he was issued an immobilizer boot in 2012. His current effective primary pain management regime includes the use of the narcotic Percocet, several times daily. The patient continues to complain of foot pain but has been released to modified duty as a truck driver.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System. Managing chronic non-terminal pain in adults including prescribing controlled substances. Ann Arbor (MI): University of Michigan Health System; 2011 Jan. 36 p

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: California MTUS Guidelines state that the efficacy of opioid medications must be determined by assessing the patient's current pain level, the least reported pain over the period since last assessment, average pain, intensity of pain after the opioid, how long it takes for

pain relief, how long pain relief lasts, and medication compliance using urine drug screens. The most recent clinical note dated 08/14/2013 states that the patient has been receiving Dilaudid since 05/15/2013. Also reported in this note, the patient states that he feels "the same." Previous to that was a note dated 07/17/2013, and reported the patient feels the same despite the use of the Dilaudid 2mg 3 times a day. The patient also states that he has had no change in the functional performance of activities of daily living. Without any documentation supporting the effectiveness of the medication Dilaudid, there is no indication for its continued use. As such, the request for Dilaudid 2 mg, #90 is non-certified.