MAXIMUS Federal Services

Case Number:	CM13-0020651		
Date Assigned:	10/11/2013	Date of Injury:	04/19/2001
Decision Date:	04/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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 patient is a 53-year-old female who reported injury on 04/19/2001. The mechanism of injury was not provided. The patient's medication history was noted to include Dilaudid, since mid-2012. The patient's diagnosis was noted to be reflex sympathetic dystrophy. The patient's medications were noted to be Dilaudid 4 mg; fentanyl 100 mcg lozenges, take 1 lozenge every 3 hours as needed for severe pain; and hydrocodone/APAP. The clinical documentation submitted for review indicated that the patient had pain symptoms to bilateral upper extremities and a severe increased pain to the region of the left elbow. The physical examination revealed that the patient had bilateral hands with trophic changes, mild atrophy to the left hand, and hyperemic coloring to the right hand. The request was made for Dilaudid and 2 prescriptions were given, one was prospective.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW DILAUDID 4MG TAB SIG,1 TAB EVERY 4 HRS PM- DO NOT FILL UNTIL 8/8/13 QTY 120; (TWO PRESCRIPTIONS FOR THISMEDICATION PROVIDED ONE FOR THIS MONTH AND ONE FOR NEXT MONTH) (7/11/13):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN AND ONGOING MANAGEMENT Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in functional, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The oral morphine equivalents should not exceed 120 mg per day with combined opiates. Clinical documentation submitted for review indicated the patient's medications included 3 different opiates. When added together, they would equal 2004 mg of oral morphine equivalents. There was a lack of documentation indicating the patient had an objective improvement in function, and an objective decrease in the VAS score, was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of exceptional factors. Given the above and the lack of documentation to warrant exceptional factors to warrant nonadherence to guideline recommendations, the request for retro Dilaudid 4 mg tab SIG, quantity 120 (07/11/2013), is not medically necessary.

DILAUDID 4MG TAB, SIG, 1 TAB EVERY 4 HRS PM QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATION FOR CHRONIC PAIN AND ONGOING MANAGEMENT Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in functional, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The oral morphine equivalents should not exceed 120 mg per day with combined opiates. Clinical documentation submitted for review indicated the patient's medications included 3 different opiates. When added together, they would equal 2004 mg of oral morphine equivalents. There was a lack of documentation indicating the patient had an objective improvement in function, and an objective decrease in the VAS score, was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of exceptional factors. Given the above and the lack of documentation to warrant exceptional factors to warrant nonadherence to guideline recommendations, the request for retro Dilaudid 4 mg tab SIG, quantity 120, is not medically necessary.