

Case Number:	CM13-0023561		
Date Assigned:	07/07/2014	Date of Injury:	09/27/1996
Decision Date:	08/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 injured worker is a 51-year-old who reported injury on September 27, 1996. Prior treatments were noted to include a TENS (transcutaneous electrical nerve stimulation) unit. Prior surgeries included seven low back surgeries and a cervical fusion. Prior medications included opiates and Soma as early as April of 2013. Documentation of August 16, 2013 revealed the injured worker had complaints of low back pain, lower extremity pain, cervical area and left upper extremity pain as well as occipital headaches. Other therapies were not provided. Physical examination revealed severe tenderness over the cervical spine and lumbar spine. There was diffused tenderness over the lower parathoracic facet joints. The sensation to pin touch and vibratory exam were decreased in the bilateral lower extremities. The diagnoses included occipital neuralgia, cervical radiculopathy right, failed back and neck surgery syndrome, chronic pain, lumbar radiculopathy, lumbar facet arthropathy and major depression. The treatment plan included a cervical epidural steroid injection and the prescription Dilaudid 4 mg tablets 1 tablet by mouth daily #30, Soma tablets 1 by mouth 3 times a day, and Norco 10/325 and 1 by mouth every 4 to 6 hours as needed pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. There should be documentation of an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing this classification of medications since at least 04/2013. The request as submitted failed to indicate the frequency. The clinical documentation failed to meet the above criteria. Given the above, the request for Dilaudid 4mg, thirty count is not medically necessary.