

Case Number:	CM13-0043339		
Date Assigned:	12/27/2013	Date of Injury:	09/27/1996
Decision Date:	07/23/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Practice, 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:

51 yr. old male claimant sustained a work injury on 9/27/96 involving the low back, legs, neck and shoulders. The claimant has a diagnosis of occipital neuralgia, cervical radiculopathy and failed back surgery syndrome. Her pain has been managed with Norco 10/325- 4 tables daily, Soma and Dilaudid 4 mg daily. She had been on Norco and Soma for the past several years. She had been on Dilaudid since at least June 2013. A progress note on 8/19/13 indicated her pain ranged from 8-10/10 on most days. Her examination was unchanged for several months indicating continued tenderness in the cervical and thoracic spine region along with reduced deep tendon reflexes. A progress note on 1/2/14 indicated her pain ranged from 8-10/10 on most days and had " good pain control with current medications. " Her examination was unchanged for several months indicating continued tenderness in the cervical and thoracic spine region along with reduced deep tendon reflexes. She was continued on her Dilaudid along with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF DILAUDID 4MG, #30: 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 Page(s): 82-92.

Decision rationale: In this case, the claimant had been on 2 opioids for several months without improvement in pain or function. There has been no documentation tool or multidisciplinary approach to pain management. There is no evidence that one opioid is superior to another. The Dilaudid prescribed is not medically necessary based on the guidelines above.