

Case Number:	CM13-0051365		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2000
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Oklahoma and Texas. 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. 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 56-year-old male who reported an injury on 03/30/2000. The mechanism of injury was a fall. The patient was diagnosed with chronic neck pain and arthralgia of hip or thigh bilaterally. The progress note dated 10/31/2013 states the patient complains of pain to the left hip at 7/10. The patient also complained of pain to the right hip at 3/10 to 4/10. The patient stated he felt 80% to 90% better in his right hip after a cortisone injection. The patient reported due to chronic pain he felt depressed and easily angered. The patient was offered a cortisone injection for the left hip. The documentation stated the patient tolerated the procedure well. The physical examination findings stated the patient's exam was unchanged. The patient was recommended for Dilaudid injections 2 mg/ml with Zofran 4mg/ml intramuscularly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid injection, 2mg/ml, with Zofran, 4mg/ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics Section.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines does not recommend opioids as a first line therapy for osteoarthritis. Guidelines state opioids are recommended on a trial basis for short term use after there has been evidence of failure of first line medication options such as acetaminophen or NSAIDs (non-steroidal anti-inflammatory drugs) when there is evidence of moderate to severe pain. Opioids are also recommended for a trial if there is evidence of contraindication for use of first line medications. The patient complained of bilateral hip pain. However, the clinical documentation submitted for review does not indicate that the patient has tried other medications. Also, the documentation does not show evidence as to why the medication should be administered intramuscularly. The documentation submitted for review does not support medical necessity at this time. In regards to the Zofran, the Chronic Pain Medical Treatment Guidelines does not address Zofran. The Official Disability Guidelines state Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. The documentation submitted for review does not indicate that the patient has any gastroenteritis symptoms. There is also no indication that the patient is being treated with chemotherapy or radiation. The documentation does not show evidence that the patient has had surgery recently. The request for Dilaudid injection, 2mg/ml, with Zofran, 4mg/ml, is not medically necessary or appropriate.