

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0062225 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/17/2001 |
| Decision Date: | 03/10/2014 | UR Denial Date: | 11/15/2013 |
| Priority: | Standard | Application Received: | 11/19/2013 |

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 55 year old woman with a date of injury of 12/17/01. She was evaluated by her physician on 11/4/13 for bilateral wrist and hand pain. Her pain level had increased since the last visit and she had no new problems or side effects. She was taking her medications as prescribed. She had been using her wrist splint and was requiring the Norco to sleep and notes it was effective to reduce her pain but then her pain would flare the following day. She also had continued neck pain. Her current medications included Flexeril, Norco, Seroquel, Effexor and Wellbutrin. Her physical exam was significant for a BMI of 31.46. She was ambulatory with normal gait and without an assistive device. She had now swelling in her wrists and the Tinel and Phalen signs were negative. Her motor strength was 4/5 or 5/5 in all muscle groups. Her biceps and brachioradialis reflexes were 1/4 bilaterally. She was diagnosed with hand and wrist pain. The records document a discussion regarding her opioid medications. Her current medications were to continue with the exception of prn Norco. This was noted to be effective in controlling her pain but a history of hepatitis C was noted and a trial of Dilaudid 2mg bid prn was planned. The current and prior notes indicate that she has failed Butrans, Darvocet, Skelaxin, Ultram, Vicodin and Dilaudid due to inefficacy. She notes that Dilaudid trial in past did reduce her pain which is in contrast to the current and prior notes. At issue in this review is the prescription for Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-80 and 93.

Decision rationale: This 55 year old injured worker has chronic wrist and hand with an injury sustained in 2001. His medical course has included numerous diagnostic and treatment modalities including long-term use of several medications including narcotics. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The records document that Dilaudid was ineffective in the past and that the current Norco was relieving her pain. With the use of Dilaudid or hydromorphone, respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The records do not support the medical necessity of Dilaudid.