

Case Number:	CM13-0063164		
Date Assigned:	12/30/2013	Date of Injury:	09/26/2005
Decision Date:	03/31/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine 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 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 represented former construction worker who has filed a claim for chronic persistent pain, myofascial pain syndrome, chronic low back pain, depression, and sleep disorder reportedly associated with an industrial injury of September 26, 2005. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and short-acting opioids. In a Utilization Review Report of December 4, 2013, the claims administrator partially certified Dilaudid, seemingly for weaning purposes, approved prescription for diazepam, and approved a prescription for Valium. The patient was apparently treated in an outpatient detoxification program in August 2013; it appears, per the claims administrator. The patient's attorney subsequently appealed the denial, on December 9, 2013. The sole clinical progress note provided dated April 25, 2013 is notable for comments that the patient is status post multilevel thoracic and lumbar fusion surgery following a fall from a roof. The applicant is also status post shoulder surgery in 2008. The applicant is an immigrant from Ireland, it is stated. The patient remains depressed and continues to smoke. He is given a Global Assessment of Functioning (GAF) of 50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 90.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met, based on the limited information provided for review. It is noted that the Independent Medical Review (IMR) packet contained considerably less information than that apparently made available to the prior utilization reviewer. The only note provided is a mental health progress note. This mental health progress note seemingly suggests that the applicant is not active, is markedly depressed, is not working, and has experienced a decrease in his ability to perform activities of daily living. There is no evidence of appropriate analgesia affected as a result of ongoing Dilaudid usage, either. Thus, the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have not seemingly been met. Accordingly, the original utilization review decision is upheld. The request remains not certified, on Independent Medical Review.