MAXIMUS Federal Services

Case Number:	CM13-0063789		
Date Assigned:	06/09/2014	Date of Injury:	06/01/2010
Decision Date:	08/04/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational Medicine 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:

This is a 53-year-old male with a 6/1/10 date of injury after twisting his right knee. He is status post right knee medial meniscectomy in 2010 with no improvement in symptoms. The patient was seen on 2/24/14 with complaints of low back pain and bilateral knee pain, 6-7/10 without medications and 4/10 with medications. He states he was able to participate in ADL's sand interact and socialize with family and friends. A urine drug screen was preformed which was consistent with opiate usage. Exam findings revealed spasms and tenderness in the lumbar paraspinals and over L3-L5, positive lumbar facet loading on the right, decreased right hip range fop motion, restricted right knee range of motion with tenderness over the lateral and medial joint line and patella. Deficits in right lower extremity strength were also noted. On 4/28/14 the patient was seen and stated pain with his medications was 5/10 and 7/10 without his Dilaudid. Of note, the patient has deferred epidural injections and other injections on the past as he has a fear of needlesTreatment to date: medications, aqua therapy, medial meniscectomy in 2010 (no improvement), physical therapy, and chiropractic therapy.A UR decision dated 11/15/13 denied the request given the medication was weaned from #90 with one refill to #45 with no refills to allow for weaning as there was no documentation to show significant objective and significant improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 2MG #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (opiates page 78-81) Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on Dilaudid and Cymbalta chronically for years. It is unclear how many tablets of Dilaudid the patient requires daily for pain control. There have been some subjective and objective improvements documented in VAS, from a 7 to a 5 most recently and improvements in ADL's and socializing, but functional gains regarding specific ADL's were not documented. There has been no discussion regarding a long-term care plan for this patient's pain management. The patient has refused multiple injections due to a "fear of needles". It is unclear if all other conservative or invasive measures of pain control have been exhausted. In addition, the request for a quantity of 90 tablets with one refill does not allow for a monthly ongoing review and documentation of pain relief. Nor has there been a weaning trial documented. Therefore, the request fro Dilaudid #90 with one refill was not medically necessary.