

Case Number:	CM13-0067417		
Date Assigned:	05/07/2014	Date of Injury:	12/08/2010
Decision Date:	07/09/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 45-year-old female who reported an injury on 12/8/10. The mechanism of injury was falling, hitting/cutting her head on the edge of a desk, and briefly losing consciousness. The injured worker's medication history included Dilaudid 2mg daily as needed for severe headaches, Topamax, Norco 10/325mg four times a day, Maxalt 10mg as needed, Zomig as needed, and Gabapentin. The injured worker underwent urine drug screens on 10/15/12, 4/8/13, 6/3/13, and 11/18/13. The diagnoses were traumatic brain injury with cognitive deficits, post-concussion headaches, post-concussion syndrome, headache trauma, chronic head pain, and aggravation of post-concussion headaches. The treatment plan included an appeal of Dilaudid 2mg by mouth daily as needed, as it reduced the injured worker's headaches from 8/10 to 2/10. Additionally, it indicated this medication allowed the injured worker to maintain activities of daily living including self-care, dressing, and food preparation. The injured worker failed Imitrex, Norco, and other opioids. The documentation indicated the Norco the injured worker was taking as for non-industrial low back pain. The injured worker was given a prescription for Dilaudid 2mg, 1 by mouth daily as needed for headaches, #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 2 MG Q.D. #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for abberant drug behavior and side effects. The duration of the use was at least since January 2013. The clinical documentation submitted for review indicated that the injured worker was being monitored for abberant drug behavior through urine drug screens. The documentation indicated that the medication decreased the injured worker's pain and increased the activities of daily living providing functional benefit. There was a lack of documenation of objective decrease in pain. There was lack of documentation indicating whether the injured worker had side effects from the medication. There was no DWC Form RFA submitted with the original request date. As such, the request is not medically necessary.