

Case Number:	CM13-0067458		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2010
Decision Date:	04/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/18/2013

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 patient is a 45-year-old female who sustained an unspecified injury on 12/08/2010. The patient was evaluated on 09/20/2013 for bilateral head pain and headaches with cognitive deficits and fatigue. The documentation submitted for review indicated the patient's Dilaudid was modified prior to the evaluation. The patient's medications included Dilaudid 2 mg daily for severe headaches, Topamax, Norco 10/325 mg 4 times a day, Maxalt 10 mg as needed, Zomig as needed, and gabapentin. Upon evaluation, the patient's pain level was not noted. The documentation submitted for review indicated the patient denied alcohol, tobacco, and drug abuse. The physical examination noted the patient to have scarring over her head. There was tenderness to palpation of the head. The documentation noted short-term memory and word finding abilities were decreased. The documentation submitted for review indicated the patient was provided a prescription for Dilaudid 2 mg 1 tablet as needed daily for headaches. The documentation submitted for review did not indicate whether the patient currently had a prescription for Dilaudid 2 mg. The treatment plan further indicated the patient's urine drug screen were consistent with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #30, one (1) tablet by mouth, daily, as needed for headaches, with no refills:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The request for Dilaudid 2mg #30, one (1) tablet by mouth, daily, as needed for headaches, with.

Decision rationale: The request for Dilaudid 2mg #30, one (1) tablet by mouth, daily, as needed for headaches, with no refills is non-certified. The documentation submitted for review did not indicate the patient's pain level upon evaluation. Furthermore, the documentation submitted for review did not indicate whether the patient was currently taking the medication or whether the medication had been stopped. The California MTUS Guidelines recommend ongoing management of opioid therapy. The Guidelines recommend ongoing management to include the monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The documentation submitted for review did not indicate the patient had any functional improvement with the use of the medication. Furthermore, the patient's pain relief level was not noted. The treatment plan indicated the patient's pain level was 2/10 with the use of the medications and 8/10 without the medications. However, the documentation submitted for review did not indicate the patient was taking the medication upon evaluation and did not indicate the patient's pain level upon evaluation. Therefore, the efficacy of the medication cannot be established. Furthermore, the Guidelines recommend discontinuation of opioids when patients do not have noted functional improvement. The documentation submitted for review did not indicate the patient had any functional improvement with the use of the medication. The documentation noted the patient would be unable to work without the use of the medication; however, there were no objective findings to include functional improvement with the use of the medication. Given the information submitted for review, the request for Dilaudid 2mg #30, one (1) tablet by mouth, daily, as needed for headaches, with no refills is non-certified.

In-office random twelve (12) panel urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

Decision rationale: The request for In-office random twelve (12) panel urine drug screen is non-certified. The documentation submitted for review indicated the patient's urine drug screen results were consistent with medications and the patient was on an up to date pain contract. Therefore, the need for an additional urine drug screen is not indicated. The California MTUS Guidelines recommend drug screening for patients as an option to test for the presence of illegal drugs. The documentation submitted for review did not indicate that the patient was suspected of illegal drug use. Furthermore, the patient had initially had a drug screen and there was no indication as to a need for a repeat urine drug screen. Given the information submitted for review, the request for In-office random twelve (12) panel urine drug screen is non-certified.

