

Case Number:	CM13-0068583		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2000
Decision Date:	06/05/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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:

patient is a 36 year old male who was injured on 09/08/2000, when his right knee was struck by a crane. According to UR dated 12/13/2013, the patient underwent the following procedures: right knee arthroscopy with ACL reconstruction and chondroplasty of the lateral femoral condyle on 10/11/2000; lumbar sympathetic blocks on 10/16/2000 and 10/17/2000; and an exploration of the right saphenous nerve with nerve excision on 12/11/2001. The clinic note dated 10/24/2013 indicates the patient presents with complaints of severe pain in his right lower extremity with pain, swelling, redness, and erythema. He reports at least 50% functional improvement with the medications versus not taking them at all. He is taking methadone, Dilaudid, Gralise and Lyrica. He reports he is not working and he continues to be very depressed about his situation. He states he cannot perform the land-based activities because of the severity of pain in his leg. On exam, his right lower extremity reveals some ongoing signs of edema and mild erythema. He exhibits ongoing allodynia signs to light touch and pinprick in the right lateral calf, knee, and foot area. He can actively flex the knee 90 degrees, extend to 5 degrees; Stability tests reveal some valgus laxity; Patellar compression remains very painful; McMurray's sign is negative. There is some crepitus on passive range in flexion to extension; deep tendon reflexes remain +1 at the knees and ankles. The toes are down going to plantar reflex bilaterally. He exhibits difficulty trying to ambulate on his toes and heels. There are signs of hair loss in the right lower extremity not noted in the left lower extremity counterpart. There is no swelling or edema or erythema noted in the left lower extremity counterpart. Urine drug screens have been appropriate. The impression is 1) Right lower extremity pain with severe complex regional pain syndrome 2) Swelling and erythema in the right lower extremity secondary to sympathetic mediated symptoms related to his industrial injury with ongoing allodynia symptoms 3) Hypogonadism from narcotic use 4) Anxiety and depression onset related to chronic pain with associated insomnia and 5) Severe

neuropathic burning pain in the lower extremity. The treatment and plan includes a refill of methadone. An authorization will be requested for multi-disciplinary pain consult with [REDACTED]. Also a psychiatric consult is requested with [REDACTED] to see him regarding depression; and pool therapy for 12 visits with the physical therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 TABLETS OF DILAUDID 8 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 86-87.

Decision rationale: Dilaudid (Hydromorphone) is a long acting opioid for which 1mg is equivalent to 4mg of morphine. According to California MTUS guidelines, the recommended opioid dosing should not exceed 120 mg oral morphine equivalents per day, and for patientstaking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The medical records document the patient has pain and functional improvement with the current pain medications, which include Methadone 40mg three times a day and Dilaudid 8 mg four times a day as needed. However, the patient is not working, and narcotic abuse is suspected. Further, the current regimen exceeds the recommended maximum of 120 MED (morphine equivalent dose) per day. Medical necessity is not established.