

Case Number:	CM13-0068882		
Date Assigned:	01/03/2014	Date of Injury:	09/09/1994
Decision Date:	04/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/20/2013

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 Internal Medicine, Pulmonary Diseases 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 51-year-old female patient with a date of injury, 09/09/1994 and the mechanism of injury was reportedly due to cumulative trauma as evidenced by walking, simple grasping, fine manipulative hand motions, reaching overhead, pushing, pulling, and twisting torso. Also reported were walking on uneven terrain and maximum lifting of 50 pounds. Injury involved the right shoulder, elbow, wrist, fingers, and neck. The patient reportedly had a double fusion of the left elbow and wrist which resulted in chronic pain and reportedly attributed to nerve pain. On 12/11/2013, the patient presented for an office visit and on physical exam it was noted that there was no change in neck or arm examination. The primary diagnosis was chronic pain syndrome. The patient reported doing fairly well controlling pain on current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN ER 100 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian® (morphine sulfate) Page(s): 56,83.

Decision rationale: The California MTUS Guidelines state "Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of contraindications for use of first-line medications." On last physical exam, 12/11/2013, there were no objective findings of neurological and functional deficits and the patient reported doing well on current medications. The California MTUS Guidelines do not recommend long term use of the medication but do support its use for controlling moderate to severe pain. The clinical information submitted for review did not indicate the duration of use, effect on activities of daily living as well as current drug screen. Tapering should be individualized as well as ongoing monitoring of analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for a safe discontinuation. The request for Kaidan ER 100 mg is not medically necessary and appropriate.

DILAUDID 4 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,93.

Decision rationale: The California MTUS Guidelines state "Dilaudid®. Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours." The clinical information submitted for review indicated that there were no functional and neurological deficits and the patient reported doing well on current medication regimen. The California MTUS Guidelines do recommend the medication for use in controlling pain. The clinical information submitted for review did not indicate the duration of use, effect on activities of daily living as well as current drug screen. Tapering should be individualized as well as ongoing monitoring of analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for a safe discontinuation. The request for Dilaudid 4 mg is not medically necessary and appropriate.