

Case Number:	CM14-0002474		
Date Assigned:	01/24/2014	Date of Injury:	02/26/2010
Decision Date:	06/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Texas and Oklahoma. 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 34-year-old female with a reported date of injury on 02/26/2010. The mechanism of injury occurred when the injured worker was putting a racehorse into the stable and received a crush injury of the face and scalp. The progress note dated 12/09/2013 listed the medications as Lidocaine ointment, Methadone, Topamax, Dilaudid, Lansoprazole, BuSpar, and Yaz. The diagnoses listed were crushing injury of face and scalp, myalgia and myositis, chronic pain syndrome, neuralgia, neuritis, and radiculitis, depressive disorder, and sleep disturbance. The Request for Authorization Form dated 12/09/2013 was for Dilaudid 2 mg tablets #60, three refills, due to crushing injury of face and scalp, myalgia and myositis, chronic pain syndrome, neuralgia, neuritis, and radiculitis, sleep disturbance, and skin sensation disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUEDED 2MG TABLET #60 THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Criteria for use, Ongoing Management, Opioids.

Decision rationale: The request for Dilaudid 2mg tablet #60 three refills is not medically necessary. The injured worker has been taking Dilaudid for well over 6 months. The California Chronic Pain Medical Treatment Guidelines recommend opioids for neuropathic pain that has not responded to first line recommendations (antidepressants, anticonvulsants). There are no trials of long term use. The guidelines state response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short term studies showing contradictory results, and intermediate studies demonstrating efficacy. The documentation reported the injured worker was taking Dilaudid for breakthrough pain. The guidelines do not recommend long term therapy in regard to opioids. The information did not provide the efficacy of the medication and the request as submitted failed to provide the frequency. Therefore, the request is not medically necessary.