

Case Number:	CM14-0005262		
Date Assigned:	01/24/2014	Date of Injury:	11/15/2011
Decision Date:	06/09/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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 New York and Texas. 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 37 year old male who sustained an injury on 11/15/11. It initially appears that the patient had issues with his eyes after performing welding activities. The patient was also followed for complaints of bilateral knee pain for which a right knee meniscectomy and chondroplasty with microfracture was performed in May of 2012. The patient has been managed with narcotics to include Dilaudid 2mg taken 1 daily as needed for pain since 2013. Prior toxicology results from August of 2013 did show inconsistent findings as Hydromorphone was negative. There was no evidence of alcohol use. The clinical report from 09/20/13 noted the patient had continuing slight right knee pain. The patient was pending approval for a left knee arthroscopy. On physical examination, there was tenderness to palpation at both dorsal aspects of the wrists with tenderness on dorsa flexion. No effusion was noted in the right knee and there was slight tenderness in the anteromedial aspect. Positive McMurray's sign in the left knee was noted with tenderness in the posteromedial side. MRI studies of the right wrist were recommended. There was no discussion of medications at this visit. Follow up on 11/04/13 indicated the patient's pain was approximately 5/10 on the VAS that was adequately controlled up to 100% with Dilaudid. The patient was reported to be taking medications as prescribed with no tolerance or medication abuse suspected. No frequency change with Dilaudid was noted. On physical examination, the patient continued to demonstrate a bow legged deformity in the right lower extremity with scars present at the right knee. There was some mild loss of range of motion in the left knee with tenderness to palpation over the medial joint line. The patient did have some restricted range of motion on flexion of the left knee with tenderness also present over the medial joint line. No motor weakness was identified. The patient was reevaluated by [REDACTED] on 12/12/13 for continuing complaints of bilateral knee pain. The patient did not obtain approval for left knee surgical procedures. The report did not discuss the patient's current

medication use. Physical examination continued to show limited range of motion in the right knee with effusion over the right patella and tenderness over the medial joint line. The patient also had pain with McMurray's testing in the left knee with medial joint line tenderness. Follow up on 12/30/13 noted increasing left knee pain due to shifting of weight. The patient's use of Dilaudid had increased from 1 a day to twice a day as needed at 2mg. Physical examination findings were relatively unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 2MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to the use of Dilaudid 2mg, quantity 60, this reviewer would not have recommended this medication as medically necessary. The patient has continued to utilize Dilaudid for bilateral knee pain with an escalation of frequency in the clinical records. There is no indication that Dilaudid provided any substantial functional benefit for this patient's symptoms. No recent toxicology results were available for review and there was a noted inconsistent finding with the last toxicology result from August of 2013. Given this inconsistent result, guidelines would recommend more frequent toxicology assessments for compliance as well as long term opioid risk assessments which were not available for review. Given the documented non-compliance with the use of Dilaudid that was not addressed in the clinical records, lack of documentation regarding specific functional benefits obtained with the use of Dilaudid, and as there has been no recent toxicology assessment or long term opioid risk assessments, this reviewer would not have recommended this medication as medically necessary.