

Case Number:	CM14-0103526		
Date Assigned:	07/30/2014	Date of Injury:	02/14/1998
Decision Date:	09/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 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:

Injured worker is a male with date of injury 2/14/1998. No clinical documents were provided for review. Per the utilization review dated 6/12/2014, the injured worker has been administered opiate therapy since at least 12/3/2010, prior to which a determination of permanent and stationary status with 100% whole person impairment had been rendered. On 5/24/2014 it was reported that his symptoms were unchanged, and there was an alert value from the toxicology lab prompting notification to the requesting physician. On 4/12/2014 it was reported that urine toxicology results were inconsistent with the prescription regimen as nortriptyline was prescribed but not detected. The injured worker is reported to have numerous comorbidities to include depression, anxiety, medication induced xerostomia, breathing problems, hypertension, decreased energy levels, sexual dysfunction due to medications, and sleep disturbances requiring the use of an AVAP/CPAP device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is noted to be taking high doses of opiates, reported as 240-744 morphine equivalent dose, well above the 120 ceiling recommended by the MTUS Guidelines. The claims administrator modified the request to allow for weaning. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Dilaudid 8mg #240 is determined to not be medically necessary.