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| Case Number: | CM14-0013493 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 01/06/2010 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 46-year-old male patient with a 1/6/10 date of injury. He injured himself when he was putting 4x4 woods on the table saw and the wood split and kicked back, striking him in the bridge of the nose and right cheek. A 1/14/14 progress report indicated that the patient complained of pain in the neck, left shoulder and arm. He reported that his pain score is 8/10 with medication and 10/10 without medication. He had several urine drug screen tests, and the last one dated on 12/19/13 was negative for Hydromorphone. He was diagnosed with cervical radiculopathy, neck pain, left shoulder sprain S/P surgery, left shoulder pain, cephalgia and chronic pain syndrome. Treatment to date: medication management. (Dilaudid since at least 10/8/13). There is documentation of a previous 1/23/14 adverse determination, was modified for Dilaudid 8mg #90 with no refill, because of excessive opiate dosage in terms of Morphine Sulfate equivalency.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 8 MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Hydromorphone (Dilaudid(R)); On-Going Management; Opioids For Neuropathic Pain; Opioids, Dosing; Opioids, Pain Treatment Agreement Page(s): 93,78,82,86,89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 79-81.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no documentation to support functional gains and pain relief on Dilaudid. The calculated Morphine Equivalent Dose (MED) with the Dilaudid and Fentanyl patches is 432, which far exceeds guidelines recommendations. Guidelines support up to 200 MED. This patient is at risk for overdose, respiratory depression, and increased sedation. In addition, a previous urine drug screen on 9/5/13 was negative for Dilaudid, demonstrating inconsistent use. Therefore, the request for Dilaudid 8 mg, #180, as submitted, is not medically necessary.