

Case Number:	CM14-0019912		
Date Assigned:	06/11/2014	Date of Injury:	07/12/2006
Decision Date:	08/07/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 Medicine and is licensed to practice in FLorida. 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 64-year-old female who reported an injury on 07/12/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 05/29/2014 indicated diagnoses of cervical facet syndrome, cervical spondylosis, carpal tunnel syndrome, ulnar neuropathy, right shoulder pain, cervical radiculopathy, and spasms of muscle. The physician noted the injured worker was in moderate pain and depressed; however, did not show signs of intoxication or withdrawal. On physical examination of the cervical spine, range of motion was restricted with extension limited to 20 degrees by pain, right lateral bending limited to 10 degrees, left lateral bending limited to 15 degrees, lateral rotation to the left limited to 25 degrees, and lateral rotation to the right limited to 40 degrees with normal flexion. On examination of the paravertebral muscles there were spasms, tenderness and tight muscle bend were noted bilaterally with tenderness at the paracervical muscle, right trapezius, and right worse, especially over lower facet joints. The injured worker's Spurling's maneuver caused pain. On examination of the thoracic spine, there was tenderness noted to the paravertebral muscles bilaterally. Examination of the right shoulder was restricted with flexion of 80 degrees and abduction of 75 degrees limited by pain. The injured worker had a positive Hawkins and Speed's test. The injured worker had tenderness in the biceps groove, glenohumeral joint and supraspinatus, infraspinatus. The injured worker had a positive Tinel's sign to the right elbow. The injured worker's motor examination was limited by pain with a grip strength of 4 on the right, shoulder external rotation of 4- on the right, and shoulder internal rotation of 4- on the right. The injured worker had decreased sensation over the thumb, medial hand, lateral hand, medial forearm, lateral forearm, right shoulder on the right side. The injured worker reported medication was beneficial, as the injured worker was able to perform therapeutic exercises and activities of daily living. The provider discussed management of ongoing medication therapy, as

well as side effects and aberrant drug related behaviors with the injured worker. The injured worker's urine drug screen was also obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89.

Decision rationale: The request for Dilaudid 2 mg #15 is not medically necessary. The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical note indicated the injured worker reported these medications were beneficial and she was able to perform therapeutic exercise and activities of daily living. However, there was lack of documentation of a quantified pain level in the documentation submitted. In addition, the injured worker has been utilizing Dilaudid since at least 11/27/2013. The injured worker continues to have pain symptoms on a continuous basis. The injured worker is a poor candidate for opiates given her history of psychological diagnoses. In addition, Dilaudid was modified for weaning 01/03/2014 from 30 tablets to 15 tablets. The provider had sufficient time to wean the injured worker. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Dilaudid is not medically necessary.