

Case Number:	CM14-0111724		
Date Assigned:	09/16/2014	Date of Injury:	12/03/2013
Decision Date:	10/20/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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 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:

The patient is a 47 year old male who was injured on 07/06/2009. The mechanism of injury is unknown. He complains of low back pain with B/L lower extremity radiation as well as insomnia. The lumbar ROM was moderately limited secondary to pain. Facet signs were present. Spasm was noted. Sensation was decreased in both lower extremities. Prior treatment history has included physical therapy with limited response, TENS, Norco, Gabapentin and Hydroxyzine. According to UR; the patient has a diagnosis of cervical radiculitis, lumbar facet arthropathy, status post fusion of the lumbar spine, and erectile dysfunction. The patient was noted to have neuropathic pain and chronic low back pain. There are no other medical records provided for review. Prior utilization review dated 07/02/2014 states the request for Prospective request for 1 prescription of Dilaudid 2 mg is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Dilaudid 2 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96..

Decision rationale: Per CA MTUS guidelines, Dilaudid (Hydromorphone) is a short acting opioid that is indicated for moderate to severe intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen as first line therapy. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity for Dilaudid has not been established based on guidelines and lack of documentation.

Prospective request for 1 heel cap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (acute and chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Heel pads

Decision rationale: Per guidelines, Orthotic devices (i.e., heel lifts, pads, heel cups, heel braces) are commonly utilized for plantar fasciitis. It is thought that foot orthoses reduce symptoms by reducing strain in the plantar fascia during standing and ambulation. In this case, however, the clinical information is limited and there is no documentation of plantar fasciitis. The request is therefore, considered not medically necessary.