

Case Number:	CM14-0128151		
Date Assigned:	08/15/2014	Date of Injury:	11/02/1999
Decision Date:	09/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 54-year-old female was reportedly injured on November 2, 1999. The mechanism of injury is listed in these records reviewed. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of low back pain and leg pain. Previous medications include OxyContin. The physical examination demonstrated tenderness along the lumbar spine with decreased lumbar spine range of motion. There was decreased sensation in the right L4, L5, and S1 dermatomes. Was a positive right-sided straight leg raise test at 30. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine epidural steroid injection. A request had been made for Dilaudid and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78 & 93.

Decision rationale: The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A review of the injured employee's medication history in the note from July 8, 2014, indicates that the injured employee has been prescribed Dilaudid several times in the past. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Dilaudid is not medically necessary.