

Case Number:	CM14-0128248		
Date Assigned:	08/15/2014	Date of Injury:	05/08/2002
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Rehabilitation and is licensed to practice in Louisiana. 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 52 year old male who was injured on 05/08/2012. The mechanism of injury is unknown. Progress report dated 06/23/2013 states the patient reported his Dilaudid was too strong and requested Norco alternating with tramadol. On exam, he still can't feel his feet and falls and trips a lot. He has absent proprioception. According to the UR, the patient has had recurrent myofascial strain and radicular pain in lower extremities, chronic intractable lumbar backache, and failed lumbar back surgery syndrome. There are no objective findings documented that provides the efficacy of this medication. Prior utilization review dated 07/31/2014 states the request for Dilaudid 8mg #180 is modified to certify Dilaudid 4 mg #180mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for the use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 74-95.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioid is recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is a lack of supporting documentation showing any sustainable improvement in pain and long term use of Dilaudid is not recommended by the guidelines. The request is not medically necessary.