

Case Number:	CM14-0128806		
Date Assigned:	09/05/2014	Date of Injury:	04/23/2012
Decision Date:	12/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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 Internal Medicine 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 injured worker (IW) is a 45-year-old woman with a date of injury of April 23, 2012. The mechanism of injury occurred as a result of a cumulative trauma while working as a bus driver for [REDACTED]. She initially developed right hand numbness and tingling, which progressed to up to her right arm and neck pain while driving. Pursuant to the progress note dated July 14, 2014, the IW complains of neck pain, bilateral wrist pain, and bilateral hand pain. Pain is rated 5/10 with medications and 8/10 without medications. Her quality of sleep is poor. She is not trying any other therapies for pain relief. She denies any new injuries since her last visit. Her activity level has increased and she is motivated to be more active. She will start college next month. Physical examination revealed antalgic gait and is assisted by a cane. Inspection of the cervical spine reveals anterior cervical scar. Range of motion is restricted with flexion limited to 30 degrees and extension limited to 20 degrees. Spurling's maneuver causes pain in the muscles of the neck, but no radicular symptoms. Bilateral wrist revealed positive Phalen's sign and Tinel's sign. Higher functions are grossly normal. Motor strength is 5/5 in all muscles. On cerebellar examination, Rhomberg's test is positive. The IW has been diagnosed with spinal cord injury, unspecified; carpal tunnel syndrome; peripheral neuropathy. Current medications include Dilaudid 4mg, Gabapentin 600mg, Albuterol Sulfate HFA 90mcg, and Flonase 0.05% Nasal Spray, Ibuprofen 600mg, Lisinopril-HCTZ 10-12.5mg, Omeprazole DR 20mg, and Qvar 80mcg. Pursuant to the utilization review notes, Dilaudid was certified on May 21, 2014 with the warning that on subsequent review, specific documentation should be provided and time allotted for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg, qty 84: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74096. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dilaudid 4 milligram #84 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. This should be detailed pain assessments in the medical record. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. A risk assessment should be performed in patients at risk for drug misuse and abuse with chronic opiate use. The risk assessment should include whether a patient is a low risk, intermediate or high risk for drug misuse or abuse. In this case, a progress note dated July 14, 2014 contains a urine drug screen that contains Percocet, Norco and fentanyl. The injured worker is taking these medications: Percocet, Norco and fentanyl. The documentation in the medical record does not show the treating physician altered, weaned or tailored the opiate medications the injured worker is taking. Additionally, Dilaudid 4 milligram was added to the regimen. Dilaudid is one of the most potent opiates used to manage chronic pain. There are no detailed pain assessments in the medical record. The injured worker should be on the lowest possible dose to improve pain and function. There are no risk assessments in the medical record indicating low risk, intermediate or high risk for drug misuse or abuse. The injured worker is taking multiple opiate narcotics and the documentation is ill-suited to support these medications. Consequently, Dilaudid 4mg #84 is not medically necessary.