MAXIMUS Federal Services

Case Number:	CM14-0134738		
Date Assigned:	08/27/2014	Date of Injury:	05/28/2002
Decision Date:	09/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/21/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 49-year-old female who reported an injury on 05/28/2002 due to stepping in a pothole and twisting her right ankle. Diagnoses were causalgia lower limb (right), lumbar radiculopathy, pain in joint lower leg. Past treatments were medications, physical therapy, and steroid injections. Diagnostic studies were x-rays, MRI. Surgical was right ankle arthroscopic in 2002, right ankle arthroscopic in 2003 which found an infection, right knee surgery and lumbar spine surgery. Physical examination on 08/28/2014 revealed complaints of lower back ache and bilateral ankle pain. The injured worker rated the pain with medications a 4 on a scale of 1 to 10. No new problems or side effects were reported. Sleep quality was reported as poor. The injured worker is currently awaiting authorization for low back surgery. Examination of the lumbar spine revealed a surgical scar. Range of motion was restricted with flexion limited to 15 degrees, extension limited to 10 degrees, and limited by pain. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band was noted on both sides. Examination of the right ankle revealed the injured worker was able to bear weight with pain. Examination of the foot revealed swelling. Range of motion was restricted with pain. There was tenderness to palpation over the heel and mid foot. Failed medications were reported as Oxycodone, Percocet, and Dilaudid. It was reported that the injured worker is taking 4 to 6 tablets of Dilaudid daily. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The decision for Dilaudid 4mg #84 is not medically necessary. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented frequently. Pain assessment should current pain, the least reported pain over the period since last assessment, average pain, and 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. There have been 4 domains proposed for the ongoing monitoring of chronic pain patients, which are analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Continuing review of overall situation with regard to nonopioid means of pain control should be considered. Although the injured worker has reported some pain relief with this medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.