

Case Number:	CM14-0154606		
Date Assigned:	09/24/2014	Date of Injury:	07/05/2000
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 is a 49-year-old female who sustained an injury on 7/5/00. On 8/27/14 she presented with low back pain and bilateral leg pain in the setting of complex regional pain syndrome. She reported having burning and tingling pain with some discoloration of the lower back and shooting down both legs and left arm. Pain was rated at 9/10 without medications and 5/10 with medications. She had some swelling of the hands. Objectively, the patient displayed tenderness across the lumbosacral area with about 35% restriction of lumbar spine flexion and extension. Examination of the lower extremities revealed tenderness and hypersensitivity with allodynia noted upon palpation and light touch. MRI dated 5/5/06 revealed lumbar spondylosis at L5-S1. She is currently on Dilaudid, Methadone, and Cymbalta for pain and Benicar, Elavil, Rizatriptan, and Lidoderm patch 5%. She had been treated with physical therapy, aquatic therapy, acupuncture, massage, and medication. The patient has failed all conservative measures and current treatment plan includes spinal cord stimulator trial and continuing medications including Dilaudid and she has been advised to decrease her Dilaudid dose by 50% if possible. She reports consistent benefit with the current chronic pain medication maintenance regimen which allows her to complete necessary activities of daily living (ADLs). Diagnoses include chronic pain, bilateral lower extremity and left upper extremity likely complex regional pain syndrome, initial traumatic injury of right knee with diagnostic arthroscopic procedure complicated with complex regional pain syndrome (CRPS), now spreading to left arm and bilateral legs. The request for Dilaudid 4mg #90 was modified to Dilaudid 4mg #70 on 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

Decision rationale: Per CA MTUS guidelines, Dilaudid (When continuous around the clock pain management is required. Hydromorphone) is used in the chronic pain Per CA MTUS 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is little to no documentation of significant improvement in pain level (i.e. VAS) and / or function specific to use of Dilaudid. Furthermore, there is no evidence of urine drug test in order to monitor compliance. Additionally, conversion to long-acting opioids should be considered when continuous around the clock pain management is desired. The request was previously modified to # 70 tablets. The medical documents do not support continuation of this medication with current dosage. Therefore, the medical necessity of request for Dilaudid #90 has not been established based on guidelines and lack of documentation.