

Case Number:	CM14-0166820		
Date Assigned:	11/06/2014	Date of Injury:	07/13/1999
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic knee pain, chronic low back pain, chronic neck pain, and derivative complaints of depression, anxiety, and panic disorder reportedly associated with an industrial injury of July 13, 1999. In a Utilization Review Report dated October 7, 2014, the claims administrator partially approved a request for Dilaudid, approved a request for Norco, and conditionally denied an orthopedic consultation. The claims administrator suggested that the partial approval of Dilaudid could afford the applicant with an opportunity to wean off of Dilaudid in a tapered fashion. The applicant's attorney subsequently appealed. In a September 17, 2014 progress note, the applicant reported ongoing complaints of knee pain, status post two prior knee surgeries. The applicant reported dramatically increased back and knee pain since the last visit, it was noted. 10/10 without medication versus 3/10 pain with medication was noted. The applicant presented to the clinic reporting an average pain level of 8/10. The attending provider stated that the medications were keeping the applicant functional in terms of ADLs but did not elaborate or expound on the same. The applicant's medications reportedly included Dilaudid, Norco, Cymbalta, Soma, a topical compounded agent, Zantac, Xanax, and Prozac. The applicant was reportedly exercising thrice weekly, it was suggested in one section of the note. This was not, again, elaborated or expounded upon. In addition to using Dilaudid, the applicant was apparently using Norco four times daily. Multiple medications were renewed, including Soma, Cymbalta, Dilaudid, and Norco. In an earlier progress note dated August 26, 2014, the applicant again reported ongoing complaints of bilateral knee and low back pain. The applicant was having associated spasms. The applicant again reported highly variable pain ranging from 3-5/10 to 10/10. The applicant again stated that the medications were beneficial. In another section of the note, however, it was acknowledged that the applicant was not currently working

and has been deemed "permanently disabled." The applicant's medications included Norco, Dilaudid, Soma, Zantac, Xanax, and Prozac. The applicant had a BMI of 26. Multiple medications were renewed.

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 Hydromorphone (Dilaudid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; When to Continue Opioids Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider has furnished the applicant with prescriptions for two separate opioid agents, Dilaudid and Norco, without any associated rationale. The request for Dilaudid, thus, is at odds with MTUS principles and parameters. Similarly, the applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant has been deemed "permanently disabled" and is apparently receiving both Workers' Compensation indemnity benefits and disability insurance benefits. While the attending provider has reported some reduction in pain scores with ongoing medication consumption, these are outweighed by the applicant's failure to return to any form of work; the attending provider's concurrently reports that the applicant's pain complaints are worsened from visit to visit, and the attending provider's failure to elaborate or expound upon any material improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request for Dilaudid is not medically necessary.