

Case Number:	CM14-0167733		
Date Assigned:	10/15/2014	Date of Injury:	04/04/2008
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 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, carpal tunnel syndrome, wrist pain, hand pain, and insomnia reportedly associated with an industrial injury of April 4, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 24, 2014, the claims administrator failed to approve a request for Dilaudid. The applicant's attorney subsequently appealed. In a September 12, 2014 progress note, the applicant reported constant hand and wrist pain. The applicant stated that the combination of Dilaudid, Neurontin, and trazodone were reportedly managing her pain and insomnia. The applicant was reportedly doing home exercises. This was not expounded upon, however. An overall pain course of 6/10 was reported. Medications were refilled. The applicant's work status was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 4MG #60: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status was not provided on the sole progress note provided. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Dilaudid usage, it is further noted. Therefore, the request is not medically necessary.