

Case Number:	CM14-0035834		
Date Assigned:	06/23/2014	Date of Injury:	10/23/2009
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 43-year-old who was reportedly injured on October 23, 2009. The mechanism of injury was stepping off a curb. The most recent progress note dated April 18, 2014, indicated that there were ongoing complaints of low back pain and spasticity of the right lower extremity. Current medications included Norco and Baclofen. Dilaudid was used for breakthrough pain but states that it has not been beneficial. There was 70% improvement of pain and function with and Baclofen. The physical examination demonstrated tenderness of the lumbar paraspinal muscles with spasms. There were decreased lumbar spine range of motion and decreased muscle strength of the anterior tibialis and peroneus longus and brevis. There was hypoesthesia of the right L5 and S1 dermatomes. Reflexes were 2+ at the patella and absent on the left Achilles and 1+ on the right Achilles. The treatment plan included weight loss and a foraminal decompression at L4-L5 and L5-S1 with removal of spinal hardware. Existing medications were refilled. Previous treatment included twelve sessions of aquatic therapy, revision of a lumbar fusion from L4 through S1, selective nerve root blocks and psychotherapy visits. A request had been made for Dilaudid 4 mg prn (as needed) and was not certified in the pre-authorization process on March 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg PRN (as needed): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79 of 127.

Decision rationale: According to the most recent progress note dated April 18, 2014, the injured employee stated that she was currently taking Norco, Baclofen and Dilaudid. She stated that Dilaudid was not beneficial for severe breakthrough pain. Considering this, it is unclear why there is still a request for Dilaudid. The request for Dilaudid 4 mg is not medically necessary or appropriate.