

Case Number:	CM14-0040211		
Date Assigned:	06/27/2014	Date of Injury:	08/14/2004
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 low back pain, neck pain, thoracic spine pain, and headaches reportedly associated with an industrial injury of August 14, 2004. Thus far, the applicant has been treated with the following: Analgesic medications, opioid therapy, and implantation of an intrathecal pain pump. In a Utilization Review Report dated March 20, 2014, the claims administrator partially certified a request for Dilaudid, apparently for weaning purposes. The applicant's attorney subsequently appealed. On March 11, 2014, the applicant reported that the intrathecal pain pump was working better and giving her functional pain control. Conversely, oral Dilaudid was only partially effective and was generating significant amounts of nausea. The applicant reported 8/10 pain, it was acknowledged. The applicant's medication list included Prevacid, Zofran, Dilaudid, hydrochlorothiazide, Lasix, Nucynta, Fioricet, Lidoderm, Phenergan, Flexeril, desipramine, oxycodone, Ativan, Ambien, Zolof, EMLA cream, intrathecal Dilaudid, intrathecal baclofen, and intrathecal bupivacaine. Many of the medications in question were renewed, including Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg tablets #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic.2. MTUS When to Discontinue Opioids topic. Page(s): 78, page 79,.

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. In this case, however, the attending provider has not clearly stated why the applicant needs to use so many different short-acting opioids, including oral Nucynta, oral Roxicodone, and oral Dilaudid, plus intrathecal Dilaudid. It is further noted that page 79 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that opioids should be discontinued in applicants who exhibit continuing pain with evidence of intolerable adverse effects. In this case, the applicant has posited that ongoing usage of oral Dilaudid has diminished in efficacy and is, furthermore, generating symptoms of nausea. For all of the stated reasons, then, discontinuing Dilaudid appears to be a more appropriate option than continuing the same. Therefore, the request is not medically necessary.