

Case Number:	CM14-0061467		
Date Assigned:	07/09/2014	Date of Injury:	08/10/2010
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 and leg pain reportedly associated with an industrial injury of August 10, 2010. Thus far, the applicant has been treated with analgesic medications, opioid therapy, transfer of care to and from various providers in various specialties, psychological counseling, left knee total knee arthroplasty and psychotropic medications. In review are requests for Dilaudid and Opana. The applicant's attorney subsequently appealed. In a Doctor's First Report dated March 28, 2014, the applicant transferred care to psychologist as the primary treating provider. ProSom, Wellbutrin, and BuSpar were apparently endorsed. On May 2, 2014, the attending provider sought authorization for an electric wheelchair following a failed total knee arthroplasty. In a progress note dated May 16, 2014, the applicant was described as reporting persistent complaints of knee and thigh pain of moderate intensity. The applicant stated that her pain medications were becoming less effective. The applicant reportedly had tried Cymbalta, Neurontin, and Lyrica. The applicant was using Dilaudid and Opana, it was further noted, for pain relief. The applicant was apparently employed as a psychiatric social worker as of February 6, 2014. The applicant was no longer smoking. In an earlier note of April 17, 2014, it was suggested that the applicant's ongoing usage of Dilaudid and Opana was preventing her knee pain from worsening. The applicant did exhibit stiffness about the injured knee. In an earlier note of October 20, 2013, it was again implied that the applicant was working modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid, 4 mg, one every 6 hours, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Enforcement Administration (DEA), Hydromorphone Drug Guide and MTUS Chronic Medical Treatment Guidelines, page 80 Page(s): 80.

Decision rationale: Dilaudid or hydromorphone is a Schedule II opioid, per the Drug Enforcement Administration (DEA). As further noted by the DEA, refills on Schedule II substances are proscribed. While the attending provider's documentation does established the presence of appropriate reductions in pain and/or successful return to work achieved as a result of ongoing opioid usage, including ongoing Dilaudid, the DEA proscribes provision of Schedule II substances. Therefore, the request is not medically necessary.

Opana, 5 mg, 1 every 12 hours, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Enforcement Administration (DEA), Oxymorphone Medication Guide and MTUS Chronic Medical Treatment Guidelines, page 80 Page(s): 80.

Decision rationale: Opana or oxymorphone, per the Drug Enforcement Administration (DEA) is a Schedule II medication. Refills of Schedule II medications are proscribed by law. While the applicant does appear to meet criteria set forth by the MTUS Chronic Medical Treatment Guidelines for continuation of opioid therapy in the form of successful return to work and appropriate reductions of pain levels with ongoing usage of Opana, partial certifications are not permissible through the Independent Medical Review process. Therefore, the request is not medically necessary.