

Case Number:	CM14-0063801		
Date Assigned:	07/11/2014	Date of Injury:	07/07/2005
Decision Date:	09/09/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/06/2014

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 Neurology 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 injured worker (IW) is a 52 year old male with a date of injury of 7/07/2005. The mechanism of injury is reported as the IW receiving an electrical shock while touching a piece of rebar. The IW continues to report chronic pain in in the lower back, neck and bilateral shoulders. The IW is reported to be status post wrist surgery in 2006 and status post shoulder surgery in 2007. A previous reviewer of this case has cited the results of two prior urine drug screens from 5/29/2013 which was notable for several Benzodiazepines; however, Percocet (which was indicated for the patient) was not detected. An additional urine drug screen was performed on 10/1/2013 was positive for Oxycodone and Oxymorphone, however, absent for Kadian, which was prescribed for the IW. The actual toxicology reports were not included with this current case review. A progress note from 10/31/13 reports the IW is taking the following medications for pain control: Lidoderm patches, Flector patches, Nucynta, a compounded topical cream containing gabapentin and Lidoderm, Percocet, Tramadol, Dilaudid and Valium. Per the documentation provided, the prescriptions for Percocet and Dilaudid are being provided by different providers. A previous request for the use of Dilaudid 4 mg tablets at 1and tablets taken orally three times per day was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg. 1 1/2 tab po (orally) TID (three times a day): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On going management) Page(s): p.78.

Decision rationale: With regard to the ongoing use of opioids, the Chronic Pain Medical Treatment guidelines recommend obtaining prescriptions from a single source, assessing the patient's level of functioning and quality of life at office visits, and requiring documentation of urine drug screening indicating compliance with the prescribed medications. In this particular case, the IW has been receiving his opioids (Percocet, Dilaudid, and Tramadol) from different physicians. Although the IW is making frequent visits to his pain physician, there is not sufficient documentation to address his level of functioning and quality of life with the continued opioid use. In addition, the urine drug screens referenced by the previous review do not support that the IW has been compliant with the prescribed pain management treatment plan. Because of the lack of compliance with these treatment guidelines, the request for Dilaudid 4mg. 1 1/2 tab po (orally) TID (three times a day) is not medically necessary.