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| Case Number: | CM14-0065741 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 08/14/2004 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 patient is a 71-year-old female who has submitted a claim for degeneration of thoracic or thoracolumbar intervertebral disc associated with an industrial injury date of 8/14/2004. Medical records from 11/13/13 up to 5/23/14 were reviewed showing decreased headache pain and feels that her IT pump is working better at giving functional pain control. She reports that oral Dilaudid is partially effective; however she has been having lots of nausea limiting its use. She has persistent thoracic pain radiating to the ribs interfering with sitting and sleep despite kyphoplasty at T4, T6, and T11. She reports the pain at 8/10 in severity. She describes it as sharp, tingling, stabbing, and burning. Thoracic spine examination revealed tenderness upon ROM assessment, bilateral thoracic spasms, and decreased sensation over T10-T12 dermatomes. Lumbar examination showed kyphoscoliosis, right paralumbar tenderness, limited ROM, right lumbar spasms, and positive SLR on the right. Treatment to date has included Dilaudid 8mg, Lidoderm, IT pumps, Pamelor, Prevacid, Zofran, Hydrochlorothiazide, Lasix, Nucynta, Fioricet, Cyclobenzaprine, Desipramine, Roxicodone, and Ativan. Utilization review from 4/30/2014 denied the request for Dilaudid 8mg #60. Regarding Dilaudid, the patient reports nausea. In addition, her pain level has not decreased and there are no UDS to monitor usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. California MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, the patient has been taking Dilaudid since at least 11/2013 with no decrease in pain level and functional improvement. Moreover, she experiences nausea which limits her use of Dilaudid. Her most recent UDS taken on 1/14 showed some inconsistency noting probable aberrant behavior in terms of medication intake. In addition, she is also taking Roxycodone and Nucynta for her pain. Therefore, the request for Dilaudid 8mg #60 is not medically necessary.