

Case Number:	CM14-0078981		
Date Assigned:	07/18/2014	Date of Injury:	02/12/2001
Decision Date:	11/04/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family 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 injured worker is a 66-year old male who was injured on 02/12/01. The mechanism of injury is not documented in the clinical notes provided for review. Current diagnoses include fibromyositis and cervicgia. The most recent clinical note dated 05/06/14 indicated the injured worker presents for follow up of chronic neck pain and headache. The injured worker complained of pain on the bilateral side of the head and behind both eyes. The pain radiated up the back of the head bilaterally, behind the ears on both sides, down to the neck on both sides and to the jaws. The injured worker rated his current pain level as 4-5/10. The injured worker also complained of neck pain with associated stiffness and spasms of the neck. The pain is aggravated by computer use, overhead reaching, sitting, standing, and weather change. The pain is alleviated by heat, medication, stretching, and position change. Physical examination demonstrated normal alignment of the cervical spine. There were no surgical scars noted. Medications include Dilaudid 4mg tablet, MS Contin 30mg, and Frova 2.5mg. The previous request for Dilaudid 4mg tablet #50 was non-certified on 05/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg tablet #50: 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 Page(s): 77-81, 93.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, the injured worker must demonstrate functional improvement, in addition to appropriate documentation of pain relief, to warrant the continued use of narcotic medications. There is no documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and ability to perform exercise as a result of medication use. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics, as well as establish the efficacy of narcotics, the Dilaudid 4 mg tablet #50 is not medically necessary.