

Case Number:	CM14-0084165		
Date Assigned:	07/21/2014	Date of Injury:	09/09/1994
Decision Date:	09/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas. 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 51-year-old female who sustained an injury on 09/09/94. The injured worker has been followed for multiple complaints to include neck and right shoulder pain. The injured worker is noted to have had prior surgical procedures for the right shoulder as well as previous carpal tunnel releases. Multiple injections have been completed to date. The injured worker was also being managed with multiple medications to include Trazodone, Cymbalta, clonazepam, Kadian, Dilaudid and gabapentin. As of 04/10/14, the injured worker was utilizing Kadian at 100mg 3 times daily and Dilaudid 4mg every 4 hours. No specific pain scores were identified in the clinical report. Physical examination noted no obvious limitations. There were some healing burns noted. There was no evidence of infection. Both clonazepam and Kadian were continued at this visit. The submitted request for Kadian and Dilaudid at unspecified amounts was denied by utilization review on 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian (unspecified amount): 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 Opioids, Criteria for Use, page(s) 88-89 Page(s): 88-89.

Decision rationale: In regards to the request for Kadian at an unspecified amount, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted. The request is not specific in terms of quantity requested as well as duration, prescription amount, and frequency. It is unclear whether the use of Kadian 3 times a day has changed since April of 2014. There was also no specific discussion regarding functional benefits or pain reduction with the use of this medication that would support its ongoing use. Per the guidelines, there should be ongoing assessments establishing the efficacy of a strong narcotic such as Kadian. As this is not evident in the clinical records provided for review, this reviewer would not have recommended this request as medically appropriate. The request is not medically necessary.

Dilaudid (unspecified amount): 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 Opioids, Criteria for Use, page(s) 88-89 Page(s): 88-89.

Decision rationale: In regards to the request for Dilaudid at an unspecified amount, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted. The request is not specific in terms of quantity requested as well as duration, prescription amount, and frequency. It is unclear whether the use of Dilaudid every 4 hours has changed since April of 2014. There was also no specific discussion regarding functional benefits or pain reduction with the use of this medication that would support its ongoing use. Per the guidelines, there should be ongoing assessments establishing the efficacy of a strong narcotic such as Dilaudid. As this is not evident in the clinical records provided for review, this reviewer would not have recommended this request as medically appropriate. The request is not medically necessary.