

Case Number:	CM14-0085979		
Date Assigned:	07/23/2014	Date of Injury:	10/07/2009
Decision Date:	10/01/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 Management 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:

This is a 50-year-old male with a 10/7/09 date of injury. The mechanism of injury occurred when the patient slipped and fell while pushing a dumpster. According to a progress report dated 7/1/14, the patient is status post full knee replacement. He stated that there was no pain or discomfort in his right knee but his left knee was painful. He rated it as a 5-6 on a 10 point scale. Objective findings: tender to palpation over all areas of left knee, restricted left knee ROM, no abnormal findings of right knee. Diagnostic impression: bilateral total knee replacement, status post second total knee replacement to the left. Treatment to date: medication management, activity modification, bilateral total knee replacement. A UR decision dated 6/2/14 denied the request for Dilaudid 8mg. The prescription for Dilaudid is being prescribed for the treatment of chronic pain to the knee for osteoarthritis of the knee status post total knee arthroplasty. There is no objective evidence provided to support the continued prescription of Dilaudid over 2 months post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid (Hydromorphone) Tab 8mg # unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids for chronic pai.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. The quantity of medication being requested was not noted. Therefore, the request for Dilaudid (Hydromorphone) Tab 8mg # unspecified was not medically necessary.