

Case Number:	CM14-0089964		
Date Assigned:	07/23/2014	Date of Injury:	04/09/1996
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 47-year-old female was reportedly injured on April 9, 1996. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 1, 2014, indicated that there were ongoing complaints of left foot pain with reflex sympathetic dystrophy. Current pain control was with an intrathecal Dilaudid and Sufentanil pain pump as well as oral Dilaudid. Other medications include Soma, Zovia, Lasix, Imitrex, and lidocaine patches. The physical examination demonstrated tenderness along the lower lumbar spine and a positive bilateral straight leg raise test. There were allodynia and hyperesthesia along the left lower extremity along with decreased left lower extremity muscle strength. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral pain medications and an intrathecal pain pump. A request was made for Dilaudid and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg Qty:540.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 of 127.

Decision rationale: Dilaudid is an opioid pain medication indicated for the treatment of moderate to severe pain. According to the available medical record, the injured employee's current morphine equivalent dosing is 576. This far exceeds the recommended daily dosage of 120 mg. For this reason, this request for Dilaudid 8 mg, 540 tablets is not medically necessary.