

Case Number:	CM14-0097858		
Date Assigned:	07/28/2014	Date of Injury:	11/26/2004
Decision Date:	09/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational 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 was injured at work on 11/26/2004. During her visit with her doctor on 05/7/2014, she was found to have been receiving her opiate prescription from one source for the past 12 months. She complained of right shoulder pain and the pain was 6/10 with medications, but 10/10 pain without medications. The physical examination was unremarkable but for limited range of movement of the right shoulder, and tenderness at the trapezius. She has been diagnosed of rotator cuff syndrome; Myalgia and Myositis. She is being treated with Diazepam 10mg daily; Diluted (Hydromorphone) 4mg -1 tablets a day as needed; Fentanyl 75mcg/hr patch 72 hours: 1 patch to skin every 48 hours. At dispute is the request for Dilaudid 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Opioids - Dosing, Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 87.

Decision rationale: The MTUS does not recommend more than 120 mg oral morphine equivalents per day. For patients taking more than one opioid, like this injured worker, The MTUS recommends that the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Therefore, given that Fentanyl has a morphine equivalent of 2.4, the dosing from the fentanyl is $75 \times 2.4 = 180$ Morphine equivalents; while the contribution from the Dilaudid is 4×4 (or when she takes half) = 16 or 8. Added together this means she is taking more than the recommended maximum of 120 morphine equivalents in any given day. Furthermore, the MTUS recommends continuing opioids if the patient has returned to work, and has improved functioning and pain. The record reviewed indicate the injured worker has been taking additional opioid besides that which was prescribed, there was no documented improvement in function. Therefore, this request is not medically necessary and appropriate.