

Case Number:	CM14-0102989		
Date Assigned:	07/30/2014	Date of Injury:	05/28/2002
Decision Date:	11/10/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female with an industrial injury dated 05-28-2002. A review of the medical records indicates that the injured worker is undergoing treatment for causalgia of the lower right limb, lumbar radiculopathy and pain in the joint lower leg. According to the progress note dated 06-05-2014, the injured worker presented for follow up evaluation for bilateral reflex sympathetic dystrophy (RSD) of ankles. The injured worker reported that activity level remained the same. Documentation noted that the injured worker was taking medication as prescribed. No medication abuse was suspected. Pain level was 5 out of 10 with medication and 8 out of 10 without medications on a visual analog scale (VAS). Current medications include Neurontin, Rozerem, Dilaudid and Lisinopril-Hydrochlorothiazide. CURES performed on 02-13-2014 was consistent and appropriate. Objective findings (06-05-2014) revealed slow antalgic gait, use of a cane, Cam boot on the right ankle, right ankle weight bearing with pain, right foot swelling with restricted range of motion, and tenderness to palpitation over the heel and mid foot. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The treatment plan included medication management. Medical records indicate that the injured worker has been on Dilaudid since at least December of 2013. A review of medical documentation indicates opioid use without significant evidence of functional improvement. The treating physician prescribed Dilaudid 4mg, #90. The utilization review dated 06-18-2014, modified the request for Dilaudid 4mg, #65.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in May 2002 and continues to be treated for chronic pain including a diagnosis of right lower extremity CRPS. She has a history of two right ankle fusion surgeries and a multilevel lumbar decompression. A spinal cord stimulator was removed in October 2012. Medications are referenced as decreasing pain from 8/10 to 5/10. When seen, she was having low back and right ankle pain. Physical examination findings included a normal body mass index. There was an antalgic and slow gait without use of an assistive device. There was decreased and painful lumbar spine range of motion. There was right piriformis tenderness. She had right foot swelling with decreased and painful range of motion and tenderness. There was decreased right lower extremity strength with decreased sensation. Dilaudid was prescribed at an average daily MED (morphine equivalent dose) of 90 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking consistent with her history of injury. Dilaudid (hydromorphone) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing what is considered a clinically significant decrease in pain. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.