

Case Number:	CM14-0184422		
Date Assigned:	11/12/2014	Date of Injury:	02/05/2003
Decision Date:	01/02/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 57 year-old female with an original date of injury on 2/5/2003. The industrially related diagnoses are degenerative joint disease lumbar/lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, and thoracic sprain and strain. The disputed issues are Dilaudid 2mg three times daily quantity of 60 tablets, and Sonata 10mg qhs quantity of 20 tablets. A utilization review dated 10/14/2014 has modified the request for Dilaudid to 30 tablets, and Sonata to 10 tablets. The stated reason for modification of Dilaudid was the documentation failed to provide the rationale for provision of this medication. In addition, there is no documentation of functional improvement and no signed opioid agreement or medicinal compliance via the use of urine toxicology screening. Therefore, a quantity of 30 tabs of Dilaudid was approved to weaning purposes. The rationale for modification of Sonata was there was no documentation of diagnosis of insomnia. Therefore, on that basis, the medication was considered not medically necessary, and 10 tablets is granted for weaning of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg 1 po tid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: On a progress note dating on 9/26/2014, it is documented patient has had partial pain relief with current medication regimen involving Dilaudid, Celebrex, Neurontin, Robaxin. Pain scale with medication was 6-7 out of 10, and without medications was 8 out of 10. Regarding the request for Dilaudid (hydromorphone), Chronic Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Dilaudid (hydromorphone) is not medically necessary.

Sonata 10mg 1 po qhs #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment

Decision rationale: A progress note dated 9/26/2014 documented that the patient was given Sonata. However, there is no mention of subjective complaints insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Sonata treatment. In the absence of such documentation, the currently requested Sonata is not medically necessary.