

Case Number:	CM14-0208800		
Date Assigned:	12/22/2014	Date of Injury:	10/06/2001
Decision Date:	02/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 10/02/2001. The date of the utilization review under appeal is 11/12/2014. The patient's diagnoses include lumbosacral neuritis and unspecified neuropathy. Multiple primary treating physician progress notes including 10/29/2014 are handwritten and difficult to interpret and/or contain limited information. Those notes appear to outline ongoing pain syndrome, felt to be at permanent and stationary status. Very limited specific clinical information regarding history and physical examination can be ascertained from the treating physician notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , Specific drug list Page(s): 78-80,93,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management. Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records in this case are limited and/or only marginally legible. It is not possible to identify a specific diagnosis, rationale, or benefit for opioid medication to support continued treatment with Dilaudid. This request is not medically necessary.