

Case Number:	CM14-0064597		
Date Assigned:	07/11/2014	Date of Injury:	03/22/2006
Decision Date:	05/27/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/07/2014

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: Maryland

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

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 48 year old female, who sustained an industrial injury on March 22, 2006 incurring right knee injuries. She was diagnosed with degenerative joint disease of the right knee. And a history of lumbar degenerative disc disease. Treatment included a knee splint, pain medications, anti-inflammatory drugs, and physical therapy. Currently, the injured worker complained of low back pain. The 9/24/14 document rated her low back pain as a 9/10 at best 4/10 with meds and without medication 10/10. The treatment plan that was requested for authorization included a prescription for Dilaudid. She has been trained as a chef but cannot tolerate this type of work because prolonged standing aggravates her knee and back injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Dilaudid 2mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Dilaudid without significant evidence of functional improvement. Furthermore the 9/24/14 progress note states that the patient cannot take Dilaudid because it makes her sick. Without evidence of functional improvement and the fact that Dilaudid makes the patient feel sick the request for Dilaudid is not medically necessary.