

Case Number:	CM15-0102212		
Date Assigned:	06/04/2015	Date of Injury:	09/30/2001
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back, hip, and pelvic pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of September 30, 2001. In a Utilization Review report dated April 20, 2015, the claims administrator partially approved a request for Dilaudid, apparently for weaning or tapering purposes. A RFA form dated April 17, 2015 and associated progress note of April 8, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On December 10, 2014, the applicant reported ongoing complaints of low back pain. The applicant had undergone multiple hip surgeries. The applicant was using a cane but stated that it was not entirely satisfactory and requested a walker. The applicant was using Effexor, Dilaudid, Xanax, Abilify, Motrin, and Ambien, it was reported. Medial branch blocks, Ambien, Dilaudid, Xanax, and a walker in question were endorsed. The applicant's work status was not detailed, although it did not appear that the applicant was working. The attending provider stated that the applicant could perform some activities of self-care and personal hygiene in the review of systems section of the note. In a RFA form dated March 3, 2015, Dilaudid, Effexor, and Motrin were renewed. In an associated progress note of February 15, 2015, the applicant reported ongoing complaints of low back and hip pain with derivative complaints of depression and anxiety, 4/10 with medication. The applicant was on Motrin, Lipitor, Xanax, Ambien, Abilify, Effexor, and Dilaudid, it was acknowledged. The applicant was ambulating with the aid of a cane, it was suggested. Multiple medications were renewed. The applicant's work status was not detailed. The applicant was asked to follow up with a psychiatrist. The applicant acknowledged that it was very hard for her to walk on March 3, 2015, noting that she was using a cane to move about on that date. Once again, the applicant's work status was not detailed,

although it did not appear that the applicant was working. On April 8, 2015, the applicant stated that she was having difficulty walking, cooking, laundry, gardening, shopping, and driving owing to various and sundry pain complaints. The applicant had been deemed "permanently disabled," it was acknowledged. Multiple medications were renewed and continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Dilaudid 8mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Dilaudid, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was suggested above and had been deemed permanently disabled, it was reported on April 8, 2015. The applicant was having difficulty performing activities as basic as standing, walking, moving about, cooking, cleaning, and the like, it was reported on April 8, 2015. The applicant's pain complaints were seemingly worsening over time, it was suggested. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy or Dilaudid. Therefore, the request was not medically necessary.