

Case Number:	CM15-0108169		
Date Assigned:	06/12/2015	Date of Injury:	07/24/2014
Decision Date:	07/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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 47-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of July 24, 2014. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for Dilaudid. The claims administrator referenced an April 30, 2015 RFA form and an associated office visit of April 28, 2015 in its determination. The applicant's attorney subsequently appealed. On April 28, 2015, the applicant reported multifocal pain complaints of neck, low back, mid back, shoulder, and arm pain reportedly associated with an industrial motor vehicle accident of July 24, 2014. The applicant was using Dulera, Norco, Lasix, pramipexole, Inderal, Aldactone, Desyrel, and Zofran, it was reported. The applicant was severely obese, with a BMI of 40; it was reported but nevertheless exhibited a normal and steady gait in the clinical setting. Dilaudid was apparently endorsed on a trial basis while Norco was discontinued owing to unspecified liver issues. MRI imaging of the lumbar and thoracic spine was endorsed. A rather proscriptive 10-pound lifting limitation was issued. The attending provider acknowledged the applicant was not working with said limitation in place. It appeared, thus, that the request for Dilaudid was framed as a first-time request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version), Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75.

Decision rationale: Yes, the request for Dilaudid (hydromorphone) was medically necessary, medically appropriate, and indicated here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as hydromorphone (Dilaudid) are seen as an effective method in controlling chronic pain. Here, the request was framed as a first-time request for Dilaudid, per progress note of April 28, 2015. The attending provider had posited that he was discontinuing previously prescribed Norco on the grounds that the applicant had developed alleged hepatic issues. The applicant did have severe multifocal pain complaints on and around the date in question, April 28, 2015. A trial of Dilaudid was indicated to combat the same. Therefore, the first-time request for Dilaudid was medically necessary.