

Case Number:	CM15-0134168		
Date Assigned:	07/22/2015	Date of Injury:	07/22/1998
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

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

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 49-year-old male who sustained an industrial/work injury on 7/22/98. He reported an initial complaint of neck, back, leg and knee pain. The injured worker was diagnosed as having chronic pain syndrome. Treatment to date includes medication, diagnostics, and surgery (right piriformis sciatic nerve decompression, pain pump implantation in 2001, laminectomy and removal of T10 granuloma in 2005, pain pump removal in 2010, anterior C3-6 fusion in 2012). MRI results were reported on 9/16/08 and 1/29/07. X-ray results reported on 5/22/13. Currently, the injured worker complained of chronic spine and lower extremity pain with spasms rated average of 7/10. There was no change since last visit. A motorized wheelchair is utilized when out of the house. There was a fall with injury to right knee. Per the primary physician's report (PR-2) on 6/1/15, exam noted mild anxiety, cognition intact, non-sedated, using a AFO (ankle foot orthosis) on right lower extremity. The requested treatments include Dilaudid 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg Qty 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86
Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 1998 and continues to be treated for chronic pain. Treatments have included an intrathecal opioid pump, which was removed. He uses a right lower extremity ankle foot orthosis and motorized scooter. When seen, pain was rated at 7-8/10. He had increased pain after medications had been denied. Notes reference medications as previously providing 50% pain relief. Physical examination findings included appearing mildly anxious. His weight was over 265 pounds. He had difficulty transitioning positions. Dilaudid was prescribed at a total MED (morphine equivalent dose) of less than 100 mg per day. No other opioid medications were being prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Dilaudid (hydromorphone) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when he was having moderately severe pain. There were no identified issues of abuse or addiction and opioid medication had previously provided pain relief. The total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing Dilaudid was medically necessary.