

Case Number:	CM15-0144186		
Date Assigned:	08/05/2015	Date of Injury:	03/01/2009
Decision Date:	09/23/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial injury on March 1, 2009. She fell sustaining an injury to her right hand and wrist. She underwent physical therapy and multiple castings. She had another fall in December 2009 that exacerbated her symptoms. She was diagnosed with Kienbock's disease or avascular necrosis of one of the carpal bones and underwent surgery. She later developed complex regional pain syndrome with right upper extremity pain. According to a progress report dated June 24, 2015, the injured worker was stable on her medications. She reported more foot swelling and pain. Pain had worsened recently and she was unable to ambulate. She was living on the 3rd floor with no elevator and could not leave her apartment or go outside because of her pain. The provider noted that the injured worker was crying during the visit due to her pain. Pain was rated 10 on a scale of 1-10 and varied from 8-10 in severity on any given day. At her initial presentation, pain was rated 9. Pain was located in the right wrist. It radiated to the right forearm to the arm to the collar bone with occasional left hand pain. She also had pain from her toes to her groin bilaterally worse on the right side. Pain was described as constant and burning. Medications were helpful for the pain. Previous treatments included Lidocaine injections to the right hand and right stellate ganglion nerve blocks which were not helpful. Lyrica caused weight gain and swelling. Tramadol and Vicodin were not helpful. Pain progressed to the right arm and shoulder. Intravenous Ketamine infusion treatments were not helpful. Spinal cord stimulator placement provided only mild improvement. She also reported right leg limping and pain. She was also starting to feel more symptoms in her left hand and upper extremity as well. Assessments included reflex sympathetic dystrophy of the upper limb and reflex sympathetic dystrophy of the lower limb. The

provider noted that the injured worker should have home assistance daily for 4 hours because of the severity of her pain and total disability. She could not feed herself or bath. The treatment plan included continuation of Dilaudid 4 mg every 6 hours as needed for pain #60, Dilaudid 8 mg every 6 hours as needed for breakthrough pain #120, Exalgo (a long acting form of Dilaudid) 16 mg every day for baseline control #30, Cymbalta, Tizanidine, Ibuprofen, Colace and Senokot S. She was alternating the 4 and 8 mg strength Dilaudid. Currently under review is the request for Dilaudid 4 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 Page(s): 9, 78, and 88.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of having used Dilaudid chronically in effort to help significantly reduce pain and improve function, however, this benefit with its use was not apparent upon review of the documentation. There was no mention of functional gains directly related to the Dilaudid use, and there was only an overall pain level assessment of 8-10+/10 on the pain scale (compared to 9+/10 initially) which is a negligible and non-significant decrease in pain. Therefore, based on the lack of evidence of benefit, and present side effects (constipation), the Dilaudid will be considered medically unnecessary. Weaning may be indicated.