

Case Number:	CM15-0181563		
Date Assigned:	09/23/2015	Date of Injury:	09/07/2002
Decision Date:	11/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old female, who sustained an industrial injury on 09-07-2002. She has reported subsequent neck, right shoulder and upper extremity pain and was diagnosed with shoulder joint pain. Treatment to date has included pain medication, massage therapy, acupuncture, a home exercise program, sling, application of ice, right shoulder injection, physical therapy and 3 right shoulder surgeries. Massage therapy, a home exercise program, pain medication, sling and application of ice provided good benefit. Physical therapy and acupuncture failed to relieve pain and right shoulder injection provided 20% relief of pain. Documentation shows that Dilaudid was prescribed at least since 01-20-2015. In a progress note dated 04-16-2015, the injured worker reported pain level of 7-8 out of 10. The injured worker was noted to try to continue to wean down Dilaudid, but continued to need a max of 3-4 per day of Dilaudid for pain. In a progress note dated 06-11-2015, the injured worker was noted to be able to wean down on her Dilaudid max 3-4 per day to max 2-4 per day as needed. Pain level was documented as 6-7 out of 10. The injured worker reported continued benefit with use of Dilaudid for chronic pain. The pain medication was noted to allow the injured worker to remain functional and active with going to the gym 3-4 days per week as well as walking her dog 1 mile 2-3 days per week. Objective examination findings revealed decreased range of motion of the neck with tenderness on the right side, sensory deficits in the C6-T1 dermatomes of the right upper extremity, inability to lift the right shoulder to 90 degrees due to weakness and pain, decreased right grip strength, a slow and left antalgic gait, diminished sensation to light touch, temperature and pinprick on the

left thigh, left sided facet tenderness, positive loading test, decreased range of motion of the back due to pain and tenderness along the posterior shoulder with limited range of motion. The physician noted that the injured worker was going to continue to try to wean down the medication over the next couple of months. A request for authorization of Dilaudid 4 mg #80 was submitted. As per the 08-17-2015 utilization review, the request for Dilaudid 4 mg #80 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document any of the following: the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief or objective functional improvement. As such, the request for Dilaudid 4mg #80 is not medically necessary.