

Case Number:	CM15-0192755		
Date Assigned:	10/06/2015	Date of Injury:	08/22/2011
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/30/2015

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, headaches, back pain, and a traumatic brain injury reportedly associated with an industrial injury of August 22, 2011. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for Dilaudid (Hydromorphone) apparently prescribed on August 12, 2015. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated August 20, 2015, the applicant reported ongoing complaints of headaches, neck pain, and low back pain with ancillary complaints of dizziness and sleepiness. The medical-legal evaluator acknowledged that the applicant had been off of work, on total temporary disability, since the date of injury. The medical-legal evaluator opined that it was likely that the applicant would ever return to work. The applicant was using Dilaudid at a rate of four times daily, the medical-legal evaluator reported. The applicant was using Dilaudid for headaches and neck pain, it was reported, in addition to Flector patches. The medical-legal evaluator suggested that the applicant eschew usage of opiates for migraines headaches. No seeming discussion of medication efficacy transpired. In a telephonic encounter dated September 12, 2015, the applicant stated that he was having a hard time getting up out of bed secondary to his pain complaints. On December 8, 2014, the applicant informed his treating provider that his quality of life was not satisfactory, that his mood was bad, that his anxiety was moderate, that he had a negative attitude, and that he is having difficulty driving and/or getting back to work. The applicant was able to perform self-care and home-making chores, it was stated, despite his ongoing pain complaints. On August 12, 2015, the applicant reported ongoing complaints of headaches and muscle pain. The applicant was described in one section of the note as having heightened complaints of sedation associated with

Dilaudid usage. The applicant was asked to employ Dilaudid at diminished rate. While the attending provider stated that the applicant was doing well with his current medication regimen, this was neither elaborated nor expounded upon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 2mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Hydromorphone (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 and had not worked since the date of injury, medical-legal evaluator reported in August 2015. Said medical-legal evaluator also suggested that the applicant avoid consumption of opioids for issues with headaches. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Dilaudid usage on his August 12, 2015 office visit. The applicant, moreover, was described as having issues with sedation associated with Dilaudid usage on said August 12, 2015 office visit. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the presence of continuing pain with evidence of adverse effects does represent grounds for discontinuing opioid therapy. Here, thus, discontinuation of opioid therapy with Dilaudid (Hydromorphone) appear to represent a more appropriate option than continuation of the same. Therefore, the request was not medically necessary.