

Case Number:	CM15-0022333		
Date Assigned:	02/11/2015	Date of Injury:	12/29/1998
Decision Date:	04/21/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 57-year-old female, who sustained an industrial injury on December 29, 1998. She has reported neck pain, bilateral shoulder pain, bilateral hand pain, right leg pain, back pain, right arm pain, and bilateral foot pain. The diagnoses have included chronic intractable neck pain, gait dysfunction, left hip fracture, left wrist fracture, and chronic pain syndrome. Treatment to date has included physical therapy, medications, hip surgery, cervical spine fusion, and imaging studies. A progress note dated December 1, 2014 indicates a chief complaint of right elbow pain. Physical examination showed limited range of motion of the spine and right ankle clonus. The treating physician is requesting a prescription for Dilaudid. On January 13, 2015, Utilization Review denied the request for the prescription for Dilaudid citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg tabs #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Dilaudid is the opioid medication hydromorphone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient has been receiving dilaudid since at least June 2010 and has not obtained analgesia. Dilaudid dosage is 8 mg 2-3 tablets every 4 hours for possible maximum total of 144 mg dilaudid or 576 mg morphine equivalents. This surpasses the recommended maximum daily dose of 120 morphine equivalents. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.