

Case Number:	CM15-0032975		
Date Assigned:	02/26/2015	Date of Injury:	09/30/1999
Decision Date:	04/08/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/23/2015

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 47-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 13, 1999. In a Utilization Review Report dated February 7, 2015, the claims administrator failed to approve a request for Dilaudid. A progress note dated January 27, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported persistent complaints of low back and left leg pain, 8/10. The applicant was not working. The applicant's medication list included Percocet, Dilaudid, Vistaril, Lyrica, Savella, Protonix, Motrin, Cymbalta, and Lipitor, it was incidentally noted. In one section of the note, it was stated that the applicant had issues with an allergy to hydromorphone (AKA Dilaudid). The note was very difficult to follow and mingled historical issues with current issues. The applicant reported diminished standing and walking tolerance. The attending provider did state that the applicant's ability to shower and dress herself was ameliorated as a result of ongoing medication consumption. The applicant was asked to employ Dilaudid for pain relief. Percocet was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid; generic available); Opiates for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Dilaudid, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines, it is incumbent upon an attending provider to incorporate some discussion of "side effects" into an attending provider's choice of pharmacological recommendations. In this case, the attending provider's note of January 27, 2015 suggested that the applicant had previously developed an unspecified allergy to hydromorphone (Dilaudid). The attending provider failed to reconcile his reports of an allergy to Dilaudid with his subsequent provision of a prescription for the same. Therefore, the request was not medically necessary.