

Case Number:	CM15-0082517		
Date Assigned:	05/04/2015	Date of Injury:	11/27/1996
Decision Date:	06/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 11/27/96. Initial complaints and diagnoses are not available. Treatments to date include medications, spinal cord stimulator, intrathecal pain pump, lumbar epidural steroid injections, and lumbar spine nerve root blocks. Current complaints include low back, hip, wrist, and left leg pain. Current diagnoses include thoracic/lumbar radiculopathy. In a progress note dated 03/17/15 the treating provider reports the plan of care as medications including gabapentin, Dilaudid, and intrathecal Dilaudid via pain pump. The requested treatment is Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg Q4 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Dilaudid 2mg Q4 #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The 3/17/15 document reveals that despite taking Dilaudid her pain is 10/10 with doing chores/ADLs. Her pain is 2/10 at rest. She states that her oral Dilaudid has been decreased to 2mg po QID (in addition to her IT Dilaudid dose). The documentation reveals that the patient has been on Dilaudid without significant evidence of functional improvement or significant relief of pain. The request for continued Dilaudid is not medically necessary.