

Case Number:	CM14-0102063		
Date Assigned:	07/30/2014	Date of Injury:	07/15/2000
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61 year-old male who reported an injury on 07/15/2000. The mechanism of injury was not provided for clinical review. Diagnoses included bilateral carpal tunnel syndrome, sprain/strain of the right shoulder and impingement syndrome, sprain/strain and impingement syndrome of the left shoulder, status post cervical spine fusion, herniated nucleus propulsus of the lumbar spine, degenerative joint disease left knee, degenerative joint disease right knee, open reduction internal fixation left knee, and status post left carpal tunnel release. Previous treatments included physical therapy, medication, TENS unit, and surgery. Diagnostic imaging included an x-ray. In the Clinical Note dated 07/14/2014 it was reported the injured worker complained of pain in the neck. He rated his pain 5/10 in severity. He also complained of lower back pain which rated 8/10 in severity. He noted the lower back pain radiated into his right lower extremity to the level of his knee. On the physical examination, the provider noted the injured worker had tenderness of the lumbosacral spine and over the bilateral lumbar paraspinal musculature. The range of motion was flexion at 35 degrees, and extension at 15 degrees. The request submitted is for Dilaudid. However, a rationale is not provided for clinical review. The request for authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg quantity #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78..

Decision rationale: The MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete physical examination. The injured worker has been utilizing the medication since at least January 2014. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not provided clinical review. Therefore, the request is not medically necessary.