

Case Number:	CM14-0116477		
Date Assigned:	08/04/2014	Date of Injury:	04/28/1995
Decision Date:	10/07/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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 Nevada. 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 records presented for review indicate that this 56-year-old gentleman was reportedly injured on April 20, 1995. The mechanism of injury is noted as carrying a carpet. The most recent progress note, dated June 27, 2014, indicates that there are ongoing complaints of pain in the bilateral shoulders and knees. The current pain is rated at 7/10. The notes on this date state that the injured employee would rather continue with Opana IR then Dilaudid. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery, and intrathecal pain pump, and oral medications. A request had been made for Dilaudid 8 mg and was non-certified in the pre-authorization process on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78 & 93.

Decision rationale: The progress note dated June 27, 2014, was for an intrathecal pump report and refill. Medications supplied on this date include Morphine Sulfate, Sufentanil, Baclofen, and Clonidine. Oral medications prescribed were Opana IR, Zanaflex, and Gabapentin. The previous month included a prescription of 15 days of Dilaudid; however the injured employee stated he would rather continue with the Opana IR. Considering this, this request for Dilaudid 8 mg is not medically necessary.