

Case Number:	CM14-0122602		
Date Assigned:	09/16/2014	Date of Injury:	11/15/2002
Decision Date:	10/28/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 11/15/2002 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his right upper extremity. The injured worker developed chronic pain that was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 06/09/2014. It was documented that the injured worker had pain exacerbated by repetitive movement. It was noted that the injured worker's pain was well controlled with medications and that there were no significant side effects. The injured worker had 10/10 pain without medications reduced to a 6/10 with medications. The injured worker's medications included Duragesic patch 100 mcg per hour 1 patch every 3 days, Oxycontin 30 mg 1 tablet every 4 to 5 hours up to 6 per day, Toradol injections, Ambien CR 12.5 mg, and Dilaudid 8 mg 1 tablet every 4 hours for severe pain. Physical findings included decreased range of motion of the cervical spine secondary to pain with tenderness to palpation at the facet joints of the lumbar spine exacerbated by range of motion. The injured worker's diagnoses included myofascial pain, cervical pain/strain, and lumbago. The injured worker's treatment plan included continuation of medications. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 1 prescription of Dilaudid 8mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and Opioids, dosing Page(s): 78, 86.

Decision rationale: A request for Retrospective Request for 1 Prescription of Dilaudid 8mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior and has significant pain relief resulting from the use of this medication. It is noted in the most recent chart note that the injured worker is nonfunctional without medication usage. The clinical documentation does indicate that the injured worker has been on this medication since 06/2012. California Medical Treatment Utilization Schedule recommends a morphine equivalent dose of 120 mg per day. The clinical documentation does support that the injured worker has been on a medication schedule well in excess of this recommendation for a long period of time. There is no documentation of exceptional factors to support extending treatment beyond guidelines recommendations. There is no indication that the treating provider has attempted to wean the injured worker off of these medications. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not specifically identify a retrospective date. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the Retrospective Request for 1 Prescription of Dilaudid 8mg #120 is not medically necessary or appropriate.

Retrospective Request for 1 prescription of Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines- Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and Opioids, dosing Page(s): 78, 86.

Decision rationale: A request for Retrospective Request for 1 prescription of Oxycodone 30mg #180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior and has significant pain relief resulting from the use of this medication. It is noted in the most recent chart note that the injured worker is nonfunctional without medication usage. The clinical documentation does indicate that the injured worker has been on this medication since 06/2012. California Medical Treatment Utilization Schedule recommends a morphine equivalent dose of 120 mg per day. The clinical documentation does support that the injured worker has been on a medication schedule well in excess of this recommendation for a long period of time. There is

no documentation of exceptional factors to support extending treatment beyond guidelines recommendations. There is no indication that the treating provider has attempted to wean the injured worker off of these medications. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not specifically identify a retrospective date. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the Retrospective Request for 1 prescription of Oxycodone 30mg #180 is not medically necessary or appropriate.