

Case Number:	CM14-0157990		
Date Assigned:	10/01/2014	Date of Injury:	11/18/1994
Decision Date:	10/28/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This patient is a 58 y/o male who has developed a chronic regional pain syndrome and chronic low back pain subsequent to an injury dated 11/18/94. He has trialed various medications, but has had to discontinue many of them due to side effects or other medical issues such as hypertension. He is reported to receive about 50% improvement in his pain secondary to his mediations and he has returned to work. There is no evidence of misuse or aberrant drug related behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 2MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Continue, Page(s): 80..

Decision rationale: MTUS Guidelines allow for the judicious use of Opioid mediations when there is in pain relief and functional improvements. It is clearly documented that there is significant pain relief of close to 50% and the medications assist with function as evidenced by returning to work. The Dilaudid 2mg. #90 is medically necessary.

