

Case Number:	CM15-0006612		
Date Assigned:	01/26/2015	Date of Injury:	09/30/2004
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who reported injury on 09/30/2004. Her diagnoses included shoulder pain, cervical disc degeneration, and cervical radiculopathy. Her medications included Soma 350 mg, Norco 10/325 mg, Dilaudid 4 mg, citalopram 40 mg, duloxetine DR 60 mg, and glucosamine MCM liquid. The progress report of 01/07/2015 documented the injured worker had complaints of pain with her medications rated at a 5.5/10. She rated her pain without medications at a 7.5/10. The injured worker received a right AC joint injection that decreased her pain by 25% and a cervical epidural steroid injection on 09/09/2014 that did not relieve her pain at all. There was a urine drug screen included in the documentation that was collected on 10/15/2014 that appeared to be appropriate with medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement, and criteria for use Page(s): 8. Decision based on Non-MTUS Citation ODG Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Dilaudid 4 mg #120 is not medically necessary. The California MTUS Guidelines state there are 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation regarding improvement in physical and psychosocial functioning. There is also a lack of documentation regarding side effects of the Dilaudid. While there is a urine drug screen in the medical record, there is not evidence of a recent CURES review or a patient drug contract. The request did not include dosing instructions. The request for Dilaudid 4 mg #120 is not medically necessary.