MAXIMUS Federal Services

Case Number:	CM15-0010482		
Date Assigned:	01/28/2015	Date of Injury:	06/20/2007
Decision Date:	03/24/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/19/2015

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

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 58 year old male, who sustained an industrial injury on 6/20/07. He has reported pain in the knees, back and shoulders. The diagnoses have included lumbar spine strain, left knee strain, Baker's cyst on right knee and right shoulder contusion. Treatment to date has included electrodiagnostic studies, MRI of the bilateral knees and spine, acupuncture and oral medications. As of the PR2 dated 11/12/14, the injured worker reported pain in the bilateral knees with swelling, locking and popping. On 12/8/14, the injured worker was waiting for cardiac clearance for knee replacement. The treating physician requested to continue Dilaudid 4mg #90.On 12/20/14 Utilization Review non-certified a request for Dilaudid 4mg #90. The UR physician cited the MTUS guidelines on chronic pain medical management. On 1/13/15, the injured worker submitted an application for IMR for review of Dilaudid 4mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dilaudid 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Hydromorphone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient continues to have persistent moderate right knee pain and catching with intermittent swelling. The current request is for 1 prescription of Dilaudid 4mg #90. Dilaudid (hydromorphone) is an opioid pain medication. The treating physician requests on 9/8/14 (F71), "Dilaudid 4mg p.o. t.i.d p.r.n. for breakthrough and ongoing pain". It is unclear in the clinical history provided how long the patient has been taking Dilaudid; however, a 9/11/14 (F67) toxicology report indicated positive results for hydromorphone. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, in the clinical records provided there is no before and after pain scales, no discussion regarding ADLs or functional improvements and there is no documentation of side effects or aberrant behaviors as required by MTUS guidlines. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the recommendation is for denial.