

Case Number:	CM15-0013387		
Date Assigned:	02/02/2015	Date of Injury:	01/01/1999
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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

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 59 year old female who sustained an industrial injury on 01/01/99. She reports long standing right shoulder pain. Diagnoses include right sided shoulder pain despite surgery in 2002 and chronic pain syndrome. Treatment to date includes surgery, physical therapy, and pain medications. In a progress noted dated 08/12/14 the treating provider reports her pain medication allows her to perform her activities of daily living. On 12/30/14 Utilization Review noon-certified the request for Dilaudid, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 11/19/14 report the patient presents with increased right shoulder pain. The current request is for DILAUDID 4 mg Hydromorphone, an opioid analgesic. The

RFA is not included. The 12/30/14 utilization review states the RFA is dated 12/16/14. The reports do not state if the patient is working. 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 adverse 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. The patient started this medication 11/19/14 as she reported limited benefit with use of Tramadol. The reports provided for review show the patient was prescribed Tramadol an opioid-- from at least 02/11/14. The 01/06/15 report states, "Dilaudid provides significant benefit for somatic components of pain. Without the medication, functional mobility is impaired." The 06/20/14 report states that the patient's regimen of medications reduces pain 20%; however, the reports do not show routine assessment through the use of pain scales or a validated instrument. The treater repeatedly states that opioids help the patient's ADLs; however no specific ADLs are mentioned to show a significant change with use of opioids. Opiate management issues are not fully documented. The 11/19/14 report states, the patient has been compliant with the pain management/controlled substances agreement. However, no urine toxicology reports are provided for review or test results documented. There is no discussion of adverse behavior or adverse side effects. No outcome measures are provided. In this case, the 4As have not been documented to support long-term opioid use as required by guidelines. The request IS NOT medically necessary.