

Case Number:	CM15-0110499		
Date Assigned:	06/17/2015	Date of Injury:	12/29/2013
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

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 65 year old male, who sustained an industrial injury on December 29, 2013, incurring head, low back, and shoulder injuries following a fall. Lumbar Magnetic Resonance Imaging revealed disc bulging, stenosis and degenerative changes. Magnetic Resonance Imaging of the shoulder showed osteoarthritis, SLAP lesion and degenerative tearing. Electromyography studies revealed lumbar radiculopathy. He was diagnosed with a concussion, lumbosacral spondylosis, lumbar degenerative disc disease, lumbar radiculopathy, right subacromial bursitis and opioid dependence. Treatment included lumbar epidural steroid injection, shoulder injections, pain medications, heat, ice, physical therapy, medication management and work restrictions. Currently, the injured worker complained of persistent low back pain and headaches. He had lumbar tenderness with decreased range of motion, weakness and radicular symptoms. The injured worker continued with medication management. The treatment plan that was requested for authorization included a prescription for Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 3mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86
Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for headaches and low back pain. The claimant's past medical history was a gastric bypass with poor tolerance of oral medications. Medications had included Butrans which had been discontinued. When seen, pain was rated at 8-9/10. There was decreased lumbar spine range of motion. He was having radicular symptoms. There was lumbar spine tenderness and lower extremity weakness. Extended release oral morphine was being prescribed. Dilaudid suppositories were prescribed. Dilaudid (hydromorphone) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when he was having moderate to severe pain. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. The claimant is noted to have a history of a gastric bypass which might alter the pharmacokinetics of an immediate release medication such as Dilaudid. The request is medically necessary.