

Case Number:	CM15-0117229		
Date Assigned:	06/25/2015	Date of Injury:	03/19/1997
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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 51 year old male who sustained an industrial injury on 03/19/97. Initial complaints and diagnoses are not available. Treatments to date include medications and multiple surgeries. Diagnostic studies are not addressed. Current complaints include bilateral upper extremity pain. Current diagnoses include chronic repetitive stress injury, significant contractures, and nerve injuries. In a progress note dated 04/22/15 the treating provider reports the plan of care as continued medication including Dilaudid, gabapentin, and OxyContin. The requested treatments include Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in March 1997 and continues to be treated for bilateral upper extremity pain. When seen, medications included OxyContin and Dilaudid both being taken up to seven times per day. Physical examination findings included eczema of the hands. The total MED (morphine equivalent dose) was over 400 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3 times that recommended. There is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Ongoing prescribing was not medically necessary.