

Case Number:	CM15-0070821		
Date Assigned:	04/20/2015	Date of Injury:	08/19/2009
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on August 19, 2009. She reported neck, left shoulder, hip, and forearm pain. The injured worker was diagnosed as having acute and chronic cervical and lumbar pain, left shoulder superior labral tear from anterior to posterior, and acute left knee pain. Diagnostics to date has included MRI, CT, and x-rays. Treatment to date has included work modifications, chiropractic therapy, medications including opioid, antidepressant, and a benzodiazepine for muscle spasms. On March 7, 2015, the injured worker complains of chronic left knee, left hip, left shoulder pain and headaches. She has primarily pain of the bilateral upper and lower extremities. She has spinal pain 3-4 times a week and 3-4 times a month migraines with light sensitivity, nausea, and vomiting. Her pain is rated 4/10 with medications, 7-8/10 with an average of 4-5/10. Associated symptoms include thoracic outlet syndrome, headaches, difficulty sleeping, anxiety, depression, and left lower extremity weakness. The physical exam revealed normal motor strength of the upper and lower extremities, decreased sensation of the left hand cervical 6-cervical 8, normal toe/heel walk, and normal reflexes of the bilateral upper and lower extremities. There was decreased cervical range of motion with pain, decreased lumbar range of motion with pain, and decreased range of motion of the bilateral wrists, and decreased range of motion with pain of the left hip and left knee. The treatment plan includes tapering of the opioid medication. The requested treatment is Dilaudid ampules. The patient sustained the injury due to MVA. The medication list include Dilaudid, Diazepam, Amitriptyline, Zanaflex, Celebrex and Nasonex. The patient has had urine drug

screen test in mid 2014. A recent detailed urine drug screen test was not specified in the records provided. The patient's surgical history includes left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80Criteria For Use Of OpioidsTherapeutic Trial of Opioids.

Decision rationale: Request: Dilaudid 4mg #140. Dilaudid 4mg #140 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The request of Dilaudid 4mg #140 is not medically necessary.