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| Case Number: | CM15-0072568 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 04/08/2004 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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: Preventive Medicine, Occupational Medicine

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 55-year-old male, who sustained an industrial injury on 4/8/2004. He reported injury from a fall while carrying a ladder in the wind and rain. The injured worker was diagnosed as having cervical pain, low back pain, entrapment neuropathy of the upper limb and extremity pain. There is no record of a recent diagnostic study. Recent treatment includes medication management. In a progress note dated 3/5/2015, the injured worker complains of pain in the neck, lower back and bilateral upper extremities. Pain was rated 7/10 with medications and 8/10 without medications. The treating physician is requesting Dilaudid 4 mg #120. Records show the injured worker has been receiving Dilaudid since at least November 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been prescribed Dilaudid since at least November of 2012 without evidence of a significant decrease in pain and objective increase in function. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Dilaudid 4mg #120 is determined to not be medically necessary.