

Case Number:	CM15-0073352		
Date Assigned:	04/23/2015	Date of Injury:	01/08/2007
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56-year-old male, who sustained an industrial injury on 1/08/2007, while employed as a laborer. He reported injury to his right lower extremity after it was pinned by a tractor, sustaining a hip dislocation and laceration to his right knee. The injured worker was diagnosed as having right posterior hip dislocation with successful relocation, right knee strain, right knee laceration, and right thigh contusion. Treatment to date has included diagnostics, physical therapy, and medications. He had a right knee arthroscopy and meniscectomy in 2007. Currently, the injured worker complains of worsening back pain and sharp pain in his right hip that radiated down his leg. He reported right knee pain and instability. His pain was rated 9/10, 4/10 with medication use and 10/10 without. He reported a 50% reduction in pain and increase in functional improvement with medication use. He was not working. The treatment plan included refill Dilaudid, Mobic, and Omeprazole. The previous two progress reports did not note the use of Dilaudid, but rather Norco for pain. Pain ratings were unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 mg, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid; generic available) and Steps to Take Before a Therapeutic Trial of Opioids: and Ongoing management Page(s): 93 and 76-77 and 78-80.

Decision rationale: Dilaudid 2 mg, Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that respiratory depression and apnea are of major concern. The MTUS states that upon initiation of an opioid the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. A baseline pain and functional assessments should be made. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. The documentation does not indicate evidence of Dilaudid prior to the 3/5/15 progress note. There is no evidence of a discussion of initiation with Dilaudid or a clear treatment plan in relation to this specific medicine. The progress note states that this is a refill; however prior progress notes from 3/5/15 do not indicate Dilaudid use. The MTUS does not support ongoing opioid use without improvement in function or pain and the documentation does not indicate specific objective measures of functional improvement on prior opioid use therefore Dilaudid is not medically necessary.