

Case Number:	CM15-0096233		
Date Assigned:	05/26/2015	Date of Injury:	06/20/2003
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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:

This 49-year-old woman sustained an industrial injury on 6/20/2003 due to cumulative trauma. Evaluations include electromyogram/nerve conduction studies dated 10/20/2011, cervical spine MRIs dated 9/16/2011 and 8/8/2011, and right shoulder MRI dated 8/8/2011. Diagnoses include lumbar spine disc herniation with foraminal stenosis, lumbar radiculopathy, and trochanteric bursitis. Treatment has included oral medications and surgical intervention. Physician notes dated 4/16/2015 show complaints of significant neck, right shoulder, right arm, low back, and bilateral lower extremity pain. She rates her pain 10/10 without medications and 5/10 with medications. Recommendations include Dilaudid and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Hydromorphone, Opioids, Criteria for Use Page(s): 93, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Dilaudid is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Dilaudid, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Dilaudid 8mg #120 is not medically necessary.

MS Contin CR 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, Specific Drug List, Morphine Sulfate Page(s): 93, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. MS Contin CR 30mg #90 is not medically necessary.