

Case Number:	CM13-0049007		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2009
Decision Date:	08/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 29 year old male who was injured on 2/2/2009. The diagnoses are cervical radiculopathy, neck pain, thoracic spine pain, low back pain and complex regional pain syndrome (CRPS) of the left lower extremity. There are associated diagnoses of anxiety, depression, insomnia and PTSD that is managed by Neuropsychiatrist [REDACTED]. On 10/7/2013, the patient reported subjective complaints of pain rated at 10/10 without medication and at 9/10 with medications. On examination, he was noted to be ambulating with a cane, with decreased range of motion of the affected parts, and tender taut bands in the trapezius muscles. The medications were Butrans patch, Naproxen and Dilaudid for pain, Baclofen for muscle spasm, Xanax, Carbamazepine and Zoloft for anxiety, depression and PTSD. The patient had a spinal cord stimulator implant without any significant decrease in pain complaints. On 6/5/2014, [REDACTED] noted that the patient received extra Xanax from the ER. The patient reported that his medications were stolen during a robbery and assault at gun point. His prescription for Percocet was discontinued but he refused a prescription for Tramadol. A urine drug screen (UDS) on 5/5/2014 was consistent. A Utilization Review determination was rendered on 10/25/2013 recommending non certification for Dilaudid 4mg #130 and referral for Neurosurgeon evaluation of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 4 MG #130: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 74-96, 124.

Decision rationale: The MTUS Guidelines address the use of opioids for the treatment of chronic musculoskeletal pain. The guidelines recommend that opioids be discontinued in the presence of aberrant drug behaviors, non compliance, failed UDS and lack of documented beneficial effects such as lower pain scores and increase in functional restoration. The records indicate that the patient has significant uncontrolled psychosomatic symptoms. The pain scores are persistently rated highly, despite the presence of a spinal cord stimulator and utilization of multiple medications. The criteria for the use of Dilaudid has not been met. As such, the request is not medically necessary.

NEUROSURGEON FOR CERVICAL SPINE EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89.

Decision rationale: The MTUS Guidelines address the indications for referrals to specialist treatment for patients with chronic musculoskeletal pain. Referrals to other healthcare professionals may become necessary if the diagnosis is uncertain or if the course of treatment may benefit from additional expertise. The record did not show subjective, objective or radiological findings in the cervical spine that would require neurosurgical intervention. The chronic pain syndrome is associated with social and psychosomatic disorders that are associated with symptom magnification and poor surgical outcome. The implanted spinal cord stimulator did not result in pain relief or functional improvement. The patient is complaining of pain in multiple locations from the cervical spine to the thoracic and lumbar spine as well as the extremities. The criteria for a referral for neurosurgical evaluation of the cervical spine was not met. As such, the request is not medically necessary.