

Case Number:	CM13-0049410		
Date Assigned:	12/27/2013	Date of Injury:	09/27/1996
Decision Date:	03/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California. 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 physician 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 50-year-old male who reported an injury on 09/27/1996. The mechanism of injury was not submitted. The patient was diagnosed with occipital neuralgia, cervical radiculopathy, right; failed back surgery syndrome; chronic pain; lumbar radiculopathy; facet arthropathy, lumbar; and major depression. The patient reported the chief complaint was lower back pain, lower extremity pain, cervical area and left upper extremity pain and occipital headaches. The patient reported the pain at 8/10 on a good day and 10/10 on a bad day. The patient rated his pain at that time at 8/10. The patient reported the pain was constant. The patient stated aggravating factors included heat, cold, activity, rest, lying down, sitting, standing, and walking. The patient reported that those same things alleviate the pain. The patient's medications included Celebrex 200 mg, Dilaudid 4 mg, Norco 10/325 mg, and Soma 350 mg. The patient underwent 7 low back surgeries. The patient had tenderness to palpation at the cervical spine, range of motion limited due to pain, severe occipital tenderness, and tenderness over the scalp anteriorly. The patient also had diffuse tenderness more over lower parathoracic facet joints. The patient was recommended continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dilaudid 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The CA MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (nonadherent) drug related behaviors. The patient continued to complain of pain rated at 8/10. However, the clinical documentation submitted for review does not show a decrease in the patient's pain or indicate an increase in the patient's functional level. Given the lack of documentation to support guideline criteria, the request is non-certified.