

Case Number:	CM14-0015200		
Date Assigned:	03/05/2014	Date of Injury:	08/19/2003
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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. 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 64 year-old male who is reported to have sustained work related injuries on 08/19/03. The patient is status post ACDF from C3 to C6 performed on 07/23/13. At follow-up on 09/19/13, the patient is reported improved and his shooting arm pain has greatly improved. There was a discussion regarding weaning of medications. [REDACTED] suggests a detoxification program as the patient has been taking opiate medications for 10 years. The patient initially did well in postoperative rehabilitation with improved functional abilities. However, as rehabilitation progressed the patient reported increasing pain levels. When seen in follow-up with [REDACTED] on 01/13/14, the patient is noted to have severe pain and difficulty swallowing. Radiographs indicated a developing kyphotic deformity with anterior displacement of the plate. The patient was opined to require revision surgery. The request is for Dilaudid 8mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF DILAUDID 8MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 76-80.

Decision rationale: The patient is a 64 year-old male who is reported to have sustained work related injuries on 08/19/03. The patient is status post ACDF from C3 to C6 performed on 07/23/13. Postoperatively, the patient has been identified as having failure of the fusion construct with the subsequent development of a kyphotic deformity. The patient has been on these medications for 10 years with no aberrant behaviors. Given the extent of the new pathology, this medication would be medically necessary as the patient most likely has opiate tolerance and a lesser dose would not adequately manage his pain. The request is medically necessary.