MAXIMUS Federal Services

Case Number:	CM14-0015765		
Date Assigned:	06/11/2014	Date of Injury:	12/11/2000
Decision Date:	07/14/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopaedic Surgery 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 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 injured worker is a 59 year old male with reported injury on 07/09/2013 caused by gripping a cooler and losing balance hitting top of head on door of vehicle. The injured worker had an exam on 03/31/2014. He complained of pain to left side of neck more than the right, radiating to shoulder. The injured worker stated the pain is mild and that he no longer needed his pain medication. The injured worker is currently working full time. The exam showed test values positive bilaterally for facet loading and empty can test. He had an MRI done on 09/06/2013 that showed evidence of C5-6 disc bulge and neural foramen on left side, mild left/right impingement resolved, and status post-accident with whiplash type injury. There was a lack of documentation on pain assessments and home exercise program. There was lack of documentation on physical therapy sessions received prior. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 10MG 4MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines chronic prescriptions of opioid medications such as Dilaudid should include information addressing documentation of pain relief, functional status and ability to perform activities of daily living, appropriate medication use, and side effects. According to the medical records provided only documentation of pain relief was addressed but this was not necessarily due to Dilaudid alone. Without the specific information this request for Dilaudid is not medically necessary.

METHADONE 10MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. A review of the attached medical record indicates that the injured employee has been prescribed methadone for a long time without documentation including specific pain relief related to Methadone improvement and functional status to include activities of daily living, tolerance, or side effects related to the medication. Without having addressed these issues this request for continued use of Methadone is not medically necessary.

CAUDAL EPIDURAL INJECTION WITH CATHETER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections should rarely be recommended for use multiple times. Early recommendations for epidural steroid usage were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful epidural steroid injection (ESI) outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Furthermore according to the medical records provided the injured employee has already participated in multiple epidural steroid injections which have provided minimal relief and no accompanying documentation of decreased oral medication usage. For these multiple reasons this request for a caudal epidural steroid injection with catheter is not medically necessary.