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| Case Number: | CM14-0016150 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 11/12/1984 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 01/09/2014 |
| 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 68-year-old male was reportedly injured on 11/12/1984, when he was struck by a log, while working in a mill. There are ongoing complaints of neuropathic pain involving the left upper extremity and neck status post cervical spine surgery in 1989. The claimant's medical history is further complicated by non-Hodgkin's lymphoma, which is in remission after chemotherapy. The most recent progress notes, dated 11/22/2013 and 12/13/2013, reported 8-10/10 burning in the anterior neck and both arms, low back pain and cramping in the legs. Physical examination demonstrated marked restriction of cervical spine range of motion and shoulder rotation with some slight atrophy. Just proximal to the left shoulder intact strength and absent reflexes in the upper extremities without pathological reflexes. MRI of the cervical spine, dated 5/23/2012, demonstrated a previous cervical fusion and contiguous bone mass from C2 through C7, small disc/osteophyte complexes at C7-T1 and T1-T2. Plain radiographs of the cervical spine dated 5/17/2012 demonstrated a solid interbody fusion from C2-C6 without abnormal motion in flexion or extension; moderate degenerative disease at C6-C7. Diagnoses: Post cervical-laminectomy syndrome, low back pain and neck/upper extremity pain. Medication regimen: MS Contin 60mg every 8 hours, Dilaudid 8mg one every 4 hours as needed for pain, Valium 10 mg at night as needed for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Reference: 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 75-78.

Decision rationale: CA MTUS indicates MS Contin is indicated for the management of moderate to severe pain and when a continuous around-the-clock analgesic is needed for an extended period of time. Ongoing management of opiate medications should include the lowest possible dose to improve pain and function, review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in the pain or function with the current regimen. In the absence of subjective and objective clinical data, this request is not considered medically necessary.

DILAUDID 8 MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 75-78.

Decision rationale: CA MTUS indicates Dilaudid is indicated for the management of moderate to severe pain. Ongoing management of opiate medications should include the lowest possible dose to improve pain and function, review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain or function with the current regimen. In the absence of subjective and objective clinical data, this request is not considered medically necessary.

VALIUM 10MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009 benzodiazepines) Page(s): 24.

Decision rationale: CA MTUS guidelines do not support the use of benzodiazepines for long-term use, because the efficacy is unproven. Valium is a 2nd line agent for the treatment of acute, severe muscle spasms, and there is no documentation that it improves function. It is noted in the medical records that this medication is being prescribed for insomnia. This medication should not be stopped abruptly, and a quantity of 15 tablets was partially-certified for weaning on 1/9/2014. The current use of this medication is not considered medically necessary.