

Case Number:	CM14-0115270		
Date Assigned:	08/04/2014	Date of Injury:	07/14/2001
Decision Date:	10/01/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 51 year old male who sustained an injury on 07/14/01 while lifting tires. The injured worker has been followed for complaints of neck pain radiating to the upper extremity. The injured worker has noted to have a prior anterior cervical discectomy and fusion in C3 through C7 performed in January of 2013. The injured worker has also received multiple diagnostic facet joint nerve blocks as well as epidural steroid injections. The injured worker has been treated with prior physical therapy as well as medications. As of 05/13/14, the injured worker continued to complain of pain in the cervical spine despite utilizing Dilaudid 3 times a day. The injured worker did report some pain control with this medication. The injured worker also complained of numbness in the upper extremities. There was noted side effects including nausea with the use of Dilaudid. With medications, the injured worker's pain score was improved by approximately 40% with improvement in regards to abilities to perform activities of daily living. The injured worker denied any intolerable side effects from medications. Other medications included Soma as well as lorazepam. On physical exam, there was palpable tenderness to palpation in the cervical paraspinal region with associated muscular spasms. There was limited range of motion in the cervical spine as well as mild weakness in the right upper extremities compared to the left. Prior urine drug screen reports were noted to be compliant with prescribed medications. The injured worker was recommended to trial Meloxicam at this evaluation. The requested Dilaudid 2mg quantity 90 was denied by utilization review on 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS; (neck/upper back and chronic pain) Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Dilaudid 2mg #90, this reviewer would have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker's current use of Dilaudid was at 6mg per day which is well underneath the maximum amount of narcotics recommended for daily consumption by guidelines. The injured worker did report 40% relief of pain symptoms with this medication with improved functional ability. The injured worker's prior urine drug screen findings were noted to be consistent based on the prescribed medications at the time the testing was completed. Given the documented efficacy from the use of Dilaudid as well as consistent results from urine drug screen findings ongoing use of this medication would be consistent with guideline recommendations. This reviewer would have recommended this request as medically appropriate. Therefore the request is medically necessary.