

Case Number:	CM14-0159076		
Date Assigned:	10/02/2014	Date of Injury:	01/20/1999
Decision Date:	10/30/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neurology, has a subspecialty in Pain Medicine > and is licensed to practice in Florida. 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 9/12/14 PR-2 notes pain in the left side of neck and low back. It radiates to the bilateral upper and lower extremities. The insured had a C4-5, C6-7. ESI on 8/5/14 which was 80% helpful. Pain is 5-6/10 with meds and 8/10 without meds. Medications are reported to be beneficial with no side effects. The medications are reported to help keep the pain manageable and allow the insured to complete necessary activities of daily living. Medications are listed as dilaudid, Percocet, Zofran, zomig, soma, valium and Climara patch. Examination notes diffuse tightness in cervical region with pain to palpation. There is diffuse hypoesthesia and dysesthesia in the bilateral hands. Gait is antalgic. The diagnosis is listed as postlaminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #120 for neck and low back pain: 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 opioids Page(s): 75-79.

Decision rationale: MTUS guidelines support that Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited.

Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The insured is reported to have pain improvement with medication therapy but the records do not reflect use of validated tools to assess functional ability or improvement related to opioids. The medical records indicate combination of two short acting opioids - dilaudid and Percocet. There is no indication of opioid risk assessment or opioid mitigation use. As such, Dilaudid 2mg #120 for neck and low back pain is not medically necessary.