

Case Number:	CM14-0187592		
Date Assigned:	11/17/2014	Date of Injury:	12/11/2002
Decision Date:	01/14/2015	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/10/2014

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 Florida and 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 54 year old female who was injured on 12/11/2002. The diagnoses are bilateral shoulder pain, carpal tunnel syndrome, neck pain and myofascial pain syndrome. There are associated diagnoses of mood disorder, anxiety, depression and social stressors. The patient completed physical therapy and psychological treatments. The past surgery history is significant for shoulder surgery. On 9/9/2014, [REDACTED] noted subjective complaint of bilateral shoulder pain. The activity level was noted to have decreased from since the previous clinic visit. It was noted that the patient was still utilizing alcohol occasionally. There are objective findings of tenderness of the paraspinal cervical muscles, shoulders and cervical spine. The medications are gabapentin and Dilaudid for pain. The patient is also utilizing Paxil, Zanaflex and Seroquel. The patient had utilized Kadian in the past. [REDACTED] diagnosed the patient with alcohol dependency in 2011. A Utilization Review determination was rendered on 10/11/2014 recommending non certification for Dilaudid 2 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for dilaudid 2mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental Illness and Stress Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of dependency, addiction, tolerance, sedation and adverse interaction with other sedatives and psychiatric medications. The records indicate that the patient had utilized opioids for many years. The patient is also utilizing multiple psychiatric medications for the treatment of mood disorders. The guidelines recommend that anticonvulsants or antidepressants with analgesic properties are beneficial in chronic pain patients with mood disorder. The patient had reported no functional improvement with the use of the medications. The use of extended release and long acting opioids provide better effective pain relief than short acting opioids such as Dilaudid. The records indicate that the patient had continued to utilize alcohol while on multiple pain and psychiatric medications that have adverse interaction with alcohol. The criteria for the use of Dilaudid 2mg #90 was not met.