

Case Number:	CM15-0003102		
Date Assigned:	01/14/2015	Date of Injury:	05/10/2004
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old male, who sustained an industrial injury on May 10, 2004. He has reported a heavy steel door falling and hitting him on the head. The diagnoses have included post laminectomy syndrome or cervical region, neck pain, brachia neuritis or radiculitis, and sprain of neck. Treatment to date has included medications, surgery. Currently, the IW complains of continued neck pain, muscle spasms, and headaches. Recent physical findings are indicated to be tenderness of the neck area, with stiffness and discomfort with range of motion. He reports pain rated 6 out of 10 on a pain scale. On December 18, 2014, Utilization Review modified certification of Dilaudid 4 mg, quantity #60, and Methadone 10 mg, quantity #60, to allow for weaning of the medications; based on MTUS, Chronic pain guidelines; and non-certified the Lunesta 10 mg, quantity #30, based on ODG guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of Dilaudid 4 mg, quantity #120, and Lunesta 10 mg, quantity #30, and Methadone 10 mg, quantity #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old male has complained of neck pain since date of injury 5/10/2004. He has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 11/2014. The current request is for Dilaudid. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Dilaudid is not indicated as medically necessary.

Lunesta 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lunesta

Decision rationale: This 50 year old male has complained of neck pain since date of injury 5/10/2004. He has been treated with cervical spine surgery, physical therapy and medications to include lunesta since at least 11/2014. Lunesta is indicated for the treatment of insomnia. There is insufficient evidence in the available medical records documenting insomnia as a medical problem. There is also a lack of documentation regarding the efficacy of this medication thus far. On the basis of this lack of documentation, Lunesta is not indicated as medically necessary.

Methadone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old male has complained of neck pain since date of injury 5/10/2004. He has been treated with cervical spine surgery, physical therapy and medications to include opioids since at least 11/2014. The current request is for Methadone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which

recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Methadone is not indicated as medically necessary.