MAXIMUS Federal Services

Case Number:	CM15-0004303		
Date Assigned:	01/15/2015	Date of Injury:	08/21/2002
Decision Date:	03/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 48 year old male, who sustained an industrial injury on 8/21/2002. He has reported chronic neck, back, bilateral upper extremity pain and headache. March 2005 underwent left first rib resection, left anterior and medial scalenectomy and neurolysis of left C5 through T1 nerve roots. The diagnoses have included thoracic outlet syndrome, C4-C6 fusion, cervical spondylosis and post traumatic headache/migraine. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, physical therapy, aqua therapy, psychological therapy and home exercise. Currently, the IW complains of pain rating 3-8/10 VAS improved with medication for approximately four hours. Neurological evaluation completed February 5, 2015 documented persistent chronic pain related to a job related motor vehicle accident. Physical examination documented tenderness to splenius capitus, trapezius, pectoral, ulnar and occipital groove with some neuralgia. Diagnoses included chronic neuropathic pain from multiple sources, cervical spine disease and radicular pain. On 12/30/2014 Utilization Review non-certified a neurostimulator evaluation, noting the documentation did not include recommended indication. The Utilization Review modified certification for Dilaudid 4mg #90. The MTUS Guidelines were cited.On 1/8/2015, the injured worker submitted an application for IMR for review of neurostimulator evaluation and dilauded 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

One neurostimulator evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Spinal Cord Stimulator (SCS)

Decision rationale: MTUS and ODG state, "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial." While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, ODG and MTUS additionally clarifies that evidence is limited and more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The medical documentation provided do not indicate that this patient has been diagnosed with "Failed Back Surgery Syndrome or Complex Region Pain Syndrome" which are the only two condition guidelines recommend for the usage of a spinal cord stimulator. As such, the request for One neurostimulator evaluation is not medically necessary.

One prescription of Dilaudid 4 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96. Decision based on Non-MTUS Citation Pain, Opioids

Decision rationale: Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and they are often used for intermittent or breakthrough pain. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be in excess of MTUS recommended guidelines. As such, the question for one prescription of Dilaudid 4 mg # 120 is not medically necessary.