

Case Number:	CM15-0199928		
Date Assigned:	10/15/2015	Date of Injury:	08/27/2014
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 industrial injury on August 27, 2014. The injured worker was diagnosed as having cervical radiculopathy, cervical facet symptoms, cervical pain, and cervical strain. Treatment and diagnostic studies to date has included medication regimen, status post cervical facet nerve block on the left at three levels, computed tomography of the cervical spine, electromyogram with nerve conduction velocity of the left upper extremity, home exercise program, use of a transcutaneous electrical nerve stimulation unit, and laboratory studies. In a progress note dated September 10, 2015 the treating physician reports complaints of pain to the neck. Examination performed on September 10, 2015 was revealing for decreased range of motion to the cervical spine; tenderness to the cervical spinous processes at level three, four, and five; tenderness to the paracervical muscles, rhomboid muscles, and the trapezius muscles; positive cervical facet loading on the left; and decreased sensation to the left ring finger and the left little finger. The injured worker's current medication regimen on September 10, 2015 included Lyrica (since at least prior to February 26, 2015), Oxycodone HCl (prescribed on May 14, 2015), Ibuprofen (since at least prior to February 26, 2015), and Lisinopril. The injured worker's pain level on September 10, 2015 was rated an 8 on a scale of 1 to 10 with the use of her medication regimen and was rated a 9 on a scale of a 1 to 10 without the use of her medication regimen. On September 10, 2015, the treating physician requested a trial of the medication Dilaudid 2mg three times a day as needed with a quantity of 90 for breakthrough pain along with the discontinuation of the medication of Oxycodone. On

September 22, 2015, the Utilization Review determined the request for Dilaudid 2mg with a quantity of 90 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the guidelines, Dilaudid is used for intrathecal pump purposes. There is no indication one opioid is superior to another. The claimant was on Oxycodone and Ibuprofen with pain levels of 8/10 on medication. Dilaudid is not 1st line for mechanical pain. In addition, there was no mention of other long-acting oral opioids or higher dose of Oxycontin or failure of a Tricyclic. The request for Dilaudid is not medically necessary.