MAXIMUS Federal Services

Case Number:	CM15-0038735		
Date Assigned:	03/09/2015	Date of Injury:	01/04/2006
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on January 4, 2006. He has reported a garage door fell on his neck and shoulder, injuring him. The diagnoses have included cervical disc degeneration, brachial neuritis or radiculitis, and long term use of medications. Treatment to date has included cervical fusion surgery, epidural steroid injection (ESI), TENS, bracing, and medication. Currently, the injured worker complains of neck pain and bilateral shoulder pain. The Treating Physician's report dated February 9, 2015, noted that the injured worker had palpable taut bands in the areas of pain, with soft tissue dysfunction and spasm in the cervical paraspinal, trapezius with twitch observed, and the suprascapular region. The injured worker was noted to have significant pain with flexion of the bilateral humorous, abduction, and internal rotation of the shoulder joints bilaterally. Abduction and flexion was noted to be the most painful. On February 18, 2015, Utilization Review non-certified Dilaudid 4mg and Norco 10/325mg, noting the requests were not supported by the treatment guidelines, therefore the requests were modified to certification of Dilaudid 4mg #50 and Norco 10/325mg #50 to allow for taper and discontinuation. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On March 2, 2015, the injured worker submitted an application for IMR for review of Dilaudid 4mg and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with neck pain and bilateral shoulder pain that is a 7/10 without medication. The current request is for Dilaudid 4mg. Dilaudid (hydromorphone) is an opioid pain medication. The UR modified the request and certified a smaller count to allow for tapering and discontinuation. The treating physician states on 2/9/15 (55) "The patient notes that with the medication management, he is having meaningful pain relief, improved quality of life, and increased activity tolerance and is able to exercise including riding his bicycle. He is able to be more active with his family as well. No negative side effects of therapy. No evidence of aberrant use". For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The current request is medically necessary and the recommendation is for authorization.

Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with neck pain and bilateral shoulder pain that is a 7/10 without medication. The current request is for Norco 10/325mg. The UR modified the request and certified a smaller count to allow for tapering and discontinuation. The treating physician states on 2/9/15 (55) “The patient notes that with the medication management, he is having meaningful pain relief, improved quality of life, and increased activity tolerance and is able to exercise including riding his bicycle. He is able to be more active with his family as well. No negative side effects of therapy. No evidence of aberrant use". For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and

duration of pain relief. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The current request is medically necessary and the recommendation is for authorization.