

Case Number:	CM15-0083658		
Date Assigned:	05/05/2015	Date of Injury:	12/18/2004
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina, Georgia
 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 64 year old male, who sustained an industrial injury on 12/18/2004. He reported injury of the low back, neck, and genitals. The injured worker was diagnosed as having lumbago, brachial neuritis/radiculitis, cervicgia, and thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included medications, electrodiagnostic studies, pain management, urine drug screening, and magnetic resonance imaging. The request is for MS Contin, Dilaudid, and Methadone. The records indicate he has been utilizing Methadone, Dilaudid, and MS Contin since at least September 2014, and has reported them to "take the edge off" of his pain for the low back, left leg, right leg, neck, arm, and headaches. In September 2014, he rated his pain level as 9/10. In October 2014, he is reported to be taking all medications as prescribed, and pain is rated 9/10. The records indicate that physical therapy had not been helpful. On 11/24/2014, MS Contin and Methadone are reported to be working well. He reported having to pay out of pocket for Dilaudid. He rated his pain level as 9/10. On 1/5/2015, he has continued low back pain, left posterior leg pain, right anterior leg pain, neck pain, arm pain and numbness, and headaches. He rated his pain as 9/10, and is reported to be continuing to take MS Contin Methadone, and Dilaudid. He indicated he has had no major changes since his previous visit on 11/24/2014. The treatment plan included: MS Contin, Methadone, Dilaudid, Neurontin, Tigan, Zanaflex, Ambien, Prilosec, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg 1 po q8 hrs prn #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as MS Contin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicate ongoing high levels of pain (9/10) despite treatment with high doses of opioids. There is no documentation of any functional improvement as a result of opioid treatment. Weaning of opioids due to postulated opioid hyperalgesia has been repeatedly advised. The record does not support medical necessity of ongoing opioid therapy with MS Contin.

Dilaudid 8mg tid prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydronorphone (Dilaudid); Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Dilaudid, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicate ongoing high levels of pain (9/10) despite treatment with high doses of opioids. There is no documentation of any functional improvement as a result of opioid treatment. Weaning of opioids due to postulated opioid hyperalgesia has been repeatedly advised. The record does not support medical necessity of ongoing opioid therapy with Dilaudid.

Methadone 5mg 1 po q8hrs prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as methadone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicate ongoing high levels of pain (9/10) despite treatment with high doses of opioids. There is no documentation of any functional improvement as a result of opioid treatment. Weaning of opioids due to postulated opioid hyperalgesia has been repeatedly advised. The record does not support medical necessity of ongoing opioid therapy with methadone.