MAXIMUS Federal Services

Case Number:	CM15-0237272		
Date Assigned:	12/14/2015	Date of Injury:	07/18/1998
Decision Date:	01/25/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	12/04/2015

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
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 (IW) is a 58 year old female, who sustained an industrial injury on 7-18-1998. The injured worker is being treated for thoracolumbar disc herniation, left shoulder myoligamentous injury, cervical syrinx and cervicogenic headaches. Recent treatment has included medication management, psychological evaluation and treatment and diagnostics. Per the Primary Treating Physician's Progress Report dated 10-21-2015, the injured reported worsened numbness on the left side of the face and left upper extremity with increased headaches for which she went to the Emergency Department (ED) on 10-09-2015. She also reported mid back pain. She was previously on Dilaudid 8mg twice a day and Percocet 10-25mg 5-6 times per day but over the past few months she states this has not been effective in managing her pain. Current medications include Zoloft, Xanax, Prazosin, Chantix, OxyContin 20mg and Dilaudid 8mg. Objective findings included tenderness to palpation of the cervical musculature bilaterally with increase muscle rigidity ad tenderness to palpation of the left shoulder joint. Work status temporarily totally disabled. As of 4-23-2015 the IW was taking Soma, Percocet, Dilaudid and Lidoderm patch and well as Remeron, Valium and Xanax. On 7-31-2015 medications were decreased including Percocet 10-325mg (5-6 per day), Dilaudid to 4mg tablets (3-4 per day) and Soma (from 8 to 2 tablets per day) and Valium was discontinued. She reported 40-50% pain relief with the current medications that lasted 3-4 hours. On 9-2-2015, Dilaudid and Percocet were discontinued and Suboxone was prescribed at the IW request. Authorization was requested for Anaprox DS 550mg twice a day as needed 30 day supply, OxyContin 20mg #60

and Dilaudid 8mg 1-2 as needed #50. On 11-03-2015, Utilization Review non-certified the request for Dilaudid 8mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg 1-2 as needed #50: 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, criteria for use, Opioids for chronic pain.

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the request for opiates. Furthermore, the injured worker is being prescribed benzodiazepine which in conjunction with opioids can increase the risk of respiratory depression and adverse effects. The request for Dilaudid 8mg 1-2 as needed #50 is not medically necessary and appropriate.