

Case Number:	CM14-0122670		
Date Assigned:	09/16/2014	Date of Injury:	05/10/2004
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old patient had a date of injury on 5/10/2004. The mechanism of injury was when a heavy steel door fell on his head, causing crushed discs. In a progress noted dated 7/15/2014, the patient complains of excruciating pain following cervical fusion. Since surgery, the patient has suffered from neck pain and headaches. His sleep cycle is poor due to pain. On a physical exam dated 7/15/2014, there are tender paracervical muscles, bilateral discomfort with shoulder range of motion. The diagnostic impression shows cervicogenic headaches, depression secondary to pain, upper extremity neuropathy. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/29/2014 denied the request for Dilaudid 4mg #120, modifying it to #80. The rationale provided was that there was no documentation of urine drug screens. Methadone 10mg #120 was denied, modifying it to #80, stating that there was no documentation of urine drug screens. Furthermore, no EKG was documented on this patient which is needed to monitor the QT interval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 7/15/2014 progress report, there was no objective documentation of functional improvement noted. Furthermore, this patient is also on methadone 10mg qid, which equates to a total morphine equivalent dose of 384, when combined with Dilaudid. A morphine equivalent dose above 120 puts this patient at risk for respiratory depression and death. Furthermore, there were no urine drug screens provided for review. Therefore, the request for Dilaudid 4mg #120 was not medically necessary.

Methadone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 7/15/2014 progress report, there was no objective documentation of functional improvement noted. Furthermore, this patient is also on Dilaudid 4mg qid, which equates to a total morphine equivalent dose of 384, when combined with Methadone. A morphine equivalent dose above 120 puts this patient at risk for respiratory depression and death. Furthermore, there were no urine drug screens provided for review. Therefore, the request for Methadone 10mg #120 was not medically necessary.