

Case Number:	CM14-0129428		
Date Assigned:	08/18/2014	Date of Injury:	12/09/2008
Decision Date:	10/09/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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 Medicine and is licensed to practice in Texas and Florida. 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:

The patient was injured on 12/9/2008. The diagnoses are neck pain and headache. There are associated diagnoses of PTSD, insomnia and anxiety disorder. The patient have completed acupuncture and psychiatry treatments. The past surgery history is significant for cervical spine fusion and removal of hardware. On 5/12/2014, ██████████ noted subjective complaints of worsening muscle spasm and headache. There were objective findings of decreased range of motion of the cervical spine, positive Phalan and Tinel tests and tenderness over the right hip and piriformis muscle. The patient was treated at the emergency room on 6/18/2014 for anxiety attack. The medications are Naproxen, OxyContin, Percocet and Lidoderm for pain. A Utilization Review determination was rendered on 7/15/2014 recommending non certification for Dilaudid 2mg #120

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids, Opioids for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS recommend that opioids can be utilized for short term treatment of acute exacerbation of chronic musculoskeletal pain that did not respond to treatment with NSAID and PT. The chronic use of high dose opioids is associated with the development of dependency, addiction, sedation, adverse interaction with other sedatives and opioid induced hyperalgesia state. The records indicate that the patient is utilizing multiple opioid medications as well as Valium and Ambien. The patient was also treated in the ER with additional medications for anxiety disorder. There is no documentation on the required compliance monitoring including aberrant drug behavior, pills count and UDS. The criteria for the use of Dilaudid 2mg #120 was not met.