

Case Number:	CM14-0136132		
Date Assigned:	09/03/2014	Date of Injury:	05/12/2006
Decision Date:	09/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/25/2014

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 Georgia. 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 claimant is a 45 year old female presenting with chronic pain following a work related injury on 05/12/2006. The claimant reported low back and neck pain. The claimant was diagnosed with lumbosacral spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, opioid dependence, degeneration of cervical intervertebral disc, pathologic fracture of the vertebra and primarily localized osteoarthritis. The claimant's medications include Flector 1.3% Patch, Oxybutynin 5mg, Relpax 40 mg, Soma 350mg, Dilaudid 4mg and Duragesic 50 mcg. The claimant has also tried injections and physical therapy. The physical exam showed limited cervical range of motion, +1 brachioradialis reflex, +1 tricep reflex, 4/5 strength, intact sensation and increased elbow range of motion. A claim was made for Dilaudid 4 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with opioid medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.