

Case Number:	CM15-0112434		
Date Assigned:	06/18/2015	Date of Injury:	05/29/2009
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational Medicine

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 53 year old male who sustained a work related injury May 29, 2009. While unpacking boxes and assembling equipment he felt pain to his lower back. Past history included open right shoulder surgery 2005, L1-L2 laminotomy and microdiscectomy January 23, 2012, s/p right sided L1-2 laminotomy and microdiscectomy January 19, 2012, s/p left shoulder surgery, October 2, 2013. An MRI of the lumbar spine dated November 21, 2014, report is present in the medical record. According to a primary treating physician's progress report, dated May 5, 2015, the injured worker presented with complaints of neck pain radiating into the mid scapular region/bilateral trapezius and numbness radiating down the left arm, through the elbow, to the forearm, rated 5-7/10 and increases to 10/10 without medication. He complains of left shoulder pain, rated 7/10 which increases to 10/10 without medication. He also reports back pain, rated 4/10, from the mid thoracic to the low lumbar region, with numbness and pain radiating down the bilateral buttocks, through the anterior and posterior thighs, through the shins and calves, into the feet. Examination of the shoulders revealed a positive impingement sign on the left; 4/5 external rotator strength. He walks with an antalgic gait, utilizing a 4-point cane for ambulation. There is palpable tenderness with dense spasm over the low thoracic and upper lumbar spine. Diagnoses are AC joint (acromioclavicular) arthritis left shoulder; L4-S1 annular tear with facet arthropathy; left shoulder impingement syndrome, with lateral downsloping of the acromion; bilateral hip degenerative joint disease; right leg radiculopathy; depression. Treatment plan included administration of a subacromial corticosteroid injection, requested physical therapy and shockwave therapy for the left shoulder, samples of Lyrica dispensed, and awaiting authorization of a spinal cord stimulator trial. At issue, is the request for authorization for Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid tab 8mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-43, 74, 78, 80-82, 86, 90-91, and 124. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, support of function and a lack of drug related aberrant behaviors. Guidelines also support the concurrent use of short and long half-life opioids for severe levels of pain. This individual meets Guideline criteria for the use of opioids. A significant improvement in pain is reported, functional support is documented and there have been no drug related aberrant behaviors. Under these circumstances, the Dilaudid tab 8mg #30 is supported by Guidelines and is medically necessary.