MAXIMUS Federal Services

Case Number:	CM15-0124036		
Date Assigned:	07/08/2015	Date of Injury:	06/30/1997
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51-year-old female, who sustained an industrial injury on 6/30/1997. The medical records submitted for this review did not include details regarding the initial injury or prior treatments to date. Diagnoses include chronic low back pain, status post laminectomy and fusion with hardware removal, radiculopathy, chronic intermittent neck pain, post-traumatic migraines, depressions, anxiety, and bipolar disorder. Currently, she complained of ongoing low back pain with radiation to lower extremities. She complained of increased neck pain, spasms, and headaches. She rated pain 8. 5/10 VAS. It was noted she takes Dilaudid, two tablets daily, for breakthrough pain. The Fentanyl patch and dilaudid were noted to decrease pain and enable functional ability to complete activities of daily living. Current medications included Fentanyl patch, dilaudid, clonazepam, Geodon, Lexapro and Lunesta. On 5/26/15, the physical examination documented tenderness, muscle spasms and decreased range of motion in cervical and lumbar spines. The straight leg raise test was positive and diminished sensation noted to bilateral lower extremities. The plan of care included a prescription of Dilaudid 4mg #60 and a request for a cervical spine MRI without contrast between 5/26/15 and 7/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing and Ongoing management and Hydromorphone (Dilaudid; generic available) Page(s): 86 and 78-80 and 93.

Decision rationale: Dilaudid 4mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Hydromorphone use can cause respiratory depression and apnea, which are of major concern according to the MTUS. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassement and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily. The documentation indicates that the patient has been on long term opioids for pain which is not supported by the MTUS. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement and with significant pain. There have been prior recommendations for weaning Dilaudid. For all of these reasons the request for continued Dilaudid is not medically necessary.

1 cervical spine MRI without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

Decision rationale: 1 cervical spine MRI without contrast is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does not indicate evidence of red flag findings or a significant change in symptoms or objective recent cervical radiographs therefore the request for an MRI of the cervical spine is not medically necessary.