

Case Number:	CM15-0060982		
Date Assigned:	05/08/2015	Date of Injury:	11/16/1978
Decision Date:	06/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/31/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 72 year old male, who sustained an industrial injury on 11/16/78. The diagnoses have included lumbar degenerative disc disease (DDD), chronic pain syndrome, lumbar spinal stenosis, shoulder joint pain, chronic neck pain, and dysesthesia. Treatment to date has included medications, heat, ice, rest, home exercise program (HEP), diagnostics. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder. Currently, as per the physician progress note dated 3/6/15, the injured worker complains of hurting all over but the shoulder pain is the worst. He is unable to do a shoulder exam due to pain. The pain is rated 8/10 on pain scale with medications and 10/10 without medications which has increased from previous visit. Per the progress note dated 2/5/15, the injured worker complained of neck, right hip and low back pain. He reports that the neck pain radiates to the right shoulder. The injured worker reports that the chronic pain medications are beneficial because the pain medications along with the activity restrictions and rest he is able continue to keep his pain manageable. This allows him to complete his activities of daily living (ADL) without increased pain. He had an epidural steroid injection (ESI) in November and reports it was 80 percent effective for almost 3 months and now the symptoms are returning. He reports the Dilaudid relieves him from his arm pain. Physical exam revealed a pained look on his face with associated discomfort as he sits in his scooter. There is severe tenderness to palpation over the right hip and he is unable to perform the exam for the hip and left shoulder due to pain. The physician requested treatments included Dilaudid 2 MG #100, Gabapentin 300 MG #90, and Senna 8.6 MG #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 72 year old male with an injury on 11/16/1978. He had neck, shoulder and back pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary. He should be weaned off Dilaudid.

Gabapentin 300 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The patient is a 72 year old male with an injury on 11/16/1978. He had neck, shoulder and back pain. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.

Senna 8.6 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 95.

Decision rationale: The patient is a 72 year old male with an injury on 11/16/1978. He had neck, shoulder and back pain. Senna is a stool softener frequently prescribed for patients on opiates because of opiate induced constipation. The requested renewal of Dilaudid was denied so there is no indication for continued treatment with Senna. The request is not medically necessary.