

Case Number:	CM15-0068871		
Date Assigned:	04/16/2015	Date of Injury:	09/02/2010
Decision Date:	05/15/2015	UR Denial Date:	04/05/2015
Priority:	Standard	Application Received:	04/10/2015

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 50 year old male, who sustained an industrial injury on September 2, 2010. He reported lifting a box when he felt a sharp pain on the hand and wrist with a pulling sensation on his right shoulder. The injured worker was diagnosed as having lumbar spinal stenosis, lumbosacral spondylosis, cervical radiculitis, cervical spinal stenosis, and cervical spondylosis. Treatment to date has included spinal cord stimulator trial and implantation, electric wheelchair, cervical fusion 2011, posterior fusion 2011, epidural steroid injection (ESI), heat/ice treatments, TENS, electrodiagnostic studies, x-rays, MRIs, physical therapy, and medication. Currently, the injured worker complains of 10/10 pain in the right shoulder with radiation in the upper body and 10/10 cervical spine pain with radiation in the spine. The Treating Physician's report dated March 24, 2015, noted the injured worker's current medications as Rozerem, Methocarbamol, Gabapentin, B-12, Requip, Promethazine HCL, Hydrochlorothiazide, Lisinopril, Potassium Chloride/Potassium Bicarb, Vitamin D3/Folic Acid/B2/B6/B12, D3 Dots, Atenolol, Seroquel, Norvasc, and Catapres. The physical examination was noted to show tenderness to palpation over the right upper cervical facets, left upper cervical facets, right mid cervical facets, left mid cervical facets, right lower cervical facets, left lower cervical facets, with right trapezius spasm, left trapezius spasm, right scapula spasm, left scapula spasm, and positive Spurling sign bilaterally. The upper extremities were noted to have decreased strength with decreased sensation over the left C6, left C7, right C6 and right C7. The lumbar examination was noted to show tenderness to palpation over the right lumbar facets, left lumbar facets, right thoracic facets, left thoracic facets, right paravertebral lumbar spasm, left paravertebral lumbar

spasm, right buttock, left buttock, right lumbosacral region, and left lumbosacral region, with straight leg raise positive bilaterally. The treatment plan was noted to include current medication continuation without change, a lumbar MRI, and a prescription for Dilaudid. SSEPs were positive for a central myelopathy. The physician monitoring his medications has documented that he wants the Dilaudid discontinued as it was temporary due to some procedures. He is continued on Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic Dilaudid 2mg tid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26, 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Buprenorphine.

Decision rationale: This patient is taking Buprenorphine and Guidelines recommend the use of Buprenorphine for select chronic pain patients that have problems with opioid addiction or poor response to other opioids. Guidelines state that recommended use is to replace other opioid medications and concurrent use of other potent opioids such as Dilaudid is clearly not consistent with Guideline standards. There are no documented circumstances that justify an exception to Guidelines. Under these circumstances, the Dilaudid is not supported by Guidelines and the Dilaudid 2mg TID is not medically necessary.