

Case Number:	CM15-0079152		
Date Assigned:	04/30/2015	Date of Injury:	04/01/2009
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 male, who sustained an industrial/work injury on 4/1/09. He reported initial complaints of mid back and neck pain. The injured worker was diagnosed as having cervical, thoracic, and lumbar musculoskeletal strains, s/p C6-7 anterior cervical discectomy with fusion, and T7-8 disc protrusion. Treatment to date has included medication, lumbar epidural injection 9/2010, surgery (cervical discectomy and fusion at C6-7 (10/4/12), physical therapy, acupuncture, cognitive therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TENS) unit, lumbar brace, and cervical collar. MRI results were reported on 11/2009, 2/26/15. CT scan results were reported on 3/21/14. Currently, the injured worker complains of modest neck and upper back discomfort that radiated into both arms along with depression due to chronic pain. Per the primary physician's progress report (PR-2) on 3/12/15, examination revealed a well healed cervical scar, antalgic gait, moderate focal right sided paracervical tenderness in the mid paracervical region, tenderness over the trapezius muscle on the right side, relative paucity of left sided paracervical tenderness, minimal tenderness in the supraclavicular fossa on both sides, moderate tenderness in the mid parathoracic region. Current plan of care included psychological treatment, spine consultation, lumbar and cervical support, and follow up. The requested treatments include Dilaudid 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of dilaudid is not substantiated in the records.