

Case Number:	CM15-0097618		
Date Assigned:	05/28/2015	Date of Injury:	09/02/2010
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/20/2015

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: Family Practice

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 09/02/2010. He has reported injury to the right wrist, right shoulder, neck, and low back. The diagnoses have included lumbar spinal stenosis; lumbosacral spondylosis; cervical radiculitis; cervical spinal stenosis; and cervical spondylosis. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injection, heat/ice, physical therapy, spinal cord stimulator implantation, and surgical intervention. Medications have included Gabapentin, Dilaudid, Rozerem, Seroquel, Methocarbamol. A progress report from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in his right shoulder and cervical spine; pain in the cervical spine is rated 10/10 on the pain scale, and radiates to the spine; pain in the right shoulder is rated 10/10 on the pain scale, with radiation in the upper body; pain is aggravated by bending, driving, lying down, sitting, standing, walking, and working; pain is alleviated by nothing; uses a special wheelchair; and the pain limits his daily activities at 90%; and he has depression and difficulty with sleep. Objective findings included tenderness to palpation over the right/left upper cervical facets, right/left mid cervical facets, and right/left lower cervical facets; right/left trapezius spasm; left/right scapula spasm; Spurling sign is positive for the left and for the right; decreased and painful cervical spine range of motion; decreased Jamar grip strength on the right; tenderness to palpation over the right/left lumbar facets, and right /left thoracic facets; right/left paravertebral lumbar spasm, and right/left lumbosacral region spasm; straight leg raise is positive

on the right and the left; he is using a wheelchair; and has a cane-assisted gait. The treatment plan has included the request for Dilaudid 2mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-96.

Decision rationale: The long term use of opioids is not supported per the MTUS guidelines due to the development of habituation, tolerance, and hormonal imbalance in men. The medical records note that the injured worker had previously undergone detoxification. The medical records do not support re-initiating opioid treatment with hydromorphone. The medical records do not establish that pain cannot be managed with utilization of non-opioid analgesic adjuvants. The request for Dilaudid 2mg #90 is therefore not medically necessary and appropriate.