

Case Number:	CM13-0009094		
Date Assigned:	04/23/2014	Date of Injury:	02/21/2009
Decision Date:	06/10/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old patient who was injured on 2/21/2009. The diagnoses listed are shoulder pain, low back pain, and lower extremities pain. The patient was also diagnosed with depression, anxiety, panic attacks, PTSD and insomnia. The past surgery history is significant for lumbar spine fusion surgery in 2011 and right shoulder rotator cuff repair. A lumbar epidural steroid injection in May, 2013 resulted in a 50% reduction in back pain. The medications listed are Exalgo and hydromorphone for pain. The patient is also utilizing Paxil, Trazodone and Lorazepam in addition to psychological counseling to treat the psychiatry disorders. ██████ noted that the patient was still having significant psychiatry symptoms such as crying, anger and confusion during an office visit. The urine drug screen on 7/23/2013 is positive for prescribed Hydromorphone, Lorazepam and non prescribed Norco. A Utilization Review decision was rendered on 7/8/2013 recommending modified certification of Exalgo 12mg #60 to #20 and Hydromorphone HCL 8mg #180 to # 60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROMORPHONE (EXALGO) 12MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

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

Decision rationale: The California MTUS addressed the use of opioids for the treatment of musculoskeletal pain. Opioids can be utilized for the short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is not responsive to standard NSAIDs, physical therapy and exercise. The documentation during opioid treatment should include compliance monitoring measures such as Pain Contract, UDS monitoring, absence of aberrant behavior and improvement in ADL/functional restoration. The patient have been on opioid medications for many years. The California MTUS Guidelines also states the indications for discontinuation of chronic opioid treatment. The presence of aberrant drug behaviors, failed UDS, non restoration of functions as measured by loss of job or difficulty with ADL and the presence of co-existing severe psychiatric conditions. The combination of high dose opioids with multiple psychiatric medications is associated with increased incidence of severe adverse drug interactions and fatal overdose. In this case, the patient has significant psychiatric disorders that are not controlled with current medications and counselling. The MTUS Guidelines recommends the involvement of multidisciplinary chronic pain specialists or Addiction Medicine specialist for weaning patients with significant psychiatric disorders from high dose opioids. The request for Hydromorphone (Exalgo) 12 mg # 180 is not medically necessary and appropriate.

HYDROMORPHONE HCL 8MG #180: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend that the use of opioids be limited to short term treatment of severe pain during acute injury or periods of exacerbation of chronic pain that is non responsive to standard treatment with NSAIDs, physical therapy and exercise. In this case, the patient has been on chronic opioid medications for several years. The California MTUS addressed the indications for discontinuation of chronic opioids treatment. The presence of severe co-existing psychiatric conditions and concurrent use of multiple psychiatric medications is associated with increased incidence of severe adverse drug interactions and fatal complications including overdose. The medical records also indicate that the patient has subjective and objection symptoms that have not been effectively controlled with psychiatric medications and counselling. Therefore, the request for Hydromorphone HCL 8 mg # 180 is not medically necessary and appropriate.