

Case Number:	CM13-0019227		
Date Assigned:	10/11/2013	Date of Injury:	02/21/2009
Decision Date:	01/24/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 claimant is a 57 yo male who sustained a work related injury on 02/21/2009. The mechanism of injury was not provided. He has diagnoses of chronic low back pain, lumbago, degenerative disc disease, shoulder pain, and depression. He is maintained on opioid therapy for pain control. He has also received epidural steroid injection therapy for pain control. On exam he continues to complain of increased low back pain. The treating provider has requested Hydromorphone HCL 8mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone HCL 8mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The Physician Reviewer's decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Hydromorphone HCL. Per California MTUS Guidelines, Hydromorphone is a very potent centrally acting analgesic of the opioid class. It is a derivative of morphine. The treatment of chronic pain with any opioid agent requires

review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of a very potent opioid medication. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for the requested Hydromorphone has not been established. The requested treatment is not medically necessary.