

Case Number:	CM13-0064716		
Date Assigned:	01/03/2014	Date of Injury:	02/17/2010
Decision Date:	05/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and Rehabilitation and Pain Management, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 48-year-old male who reported an injury on 02/17/2010. The mechanism of injury information is not provided in the medical record. The injured worker has received treatment with TENS unit, home exercise program, activity modification and medication management. The most recent clinical documentation physician report dated 11/12/2013 states, the injured worker complained of constant neck pain radiating to his upper extremities with numbness and tingling. He rates the pain 8/10. He also has complaints of low back pain which he states is constant and radiates to the left lower extremity with numbness and tingling which he rates 9/10. The injured worker also complains of constant right shoulder pain which he rates 7/10 as well. The injured worker states that his pain level without his medications is rated 10/10, and with the use of his pain medications, his pain is rated 5/10 to 6/10. Objective findings upon examination revealed the injured worker ambulated with a walker with wheels. Left upper extremity sensation was decreased at C6-8. Lumbar range of motion was decreased in all planes. Bilateral lower extremity sensation was decreased at L5. Review of the medical record reveals the injured worker's diagnoses include cervical disc protrusion with myelopathy, brachial neuritis or radiculitis, lumbar sprain or strain, and right shoulder adhesive capsulitis. The requested service is for Hydromorphone 4 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROMORPHONE 4 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81. Decision based on Non-MTUS Citation ODG: PAIN CHAPTER

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS Page(s): 78.

Decision rationale: California MTUS Guidelines state that with the use of opioids to treat ongoing pain management there should be a review and documentation of pain relief, functional status and side effects to the requested medication. There should also be documented pain assessment provided in the medical record with a satisfactory response to treatment that would be evident by a decrease in the injured worker's pain complaints or increase in the injured worker's level of function or improved quality of life. There is no documentation in the medical records suggesting that the injured worker has had any decrease in his level of pain or increase in his functional capabilities with use of the requested medication. There is no documented pain assessment provided in the medical record as recommended per California MTUS Guidelines. California MTUS states that opioids to treat neuropathic pain is only recommended in patients where neuropathic pain has not responded to a first line recommendation such as antidepressants or anticonvulsants. There is no documentation in the medical record of any failed attempts at the use of antidepressants or anticonvulsants to treat the injured worker's condition. In most cases, analgesic treatment should begin with acetaminophen, aspirin or NSAIDS. There is no documentation in the medical record of any failed attempts at the use of a first line treatment to treat the injured worker's condition, and there is no documentation of any significant functional increase or decrease in the injured worker's pain with the use of the requested medication. As such, the continued use of the requested medication cannot be deemed as medically necessary at this time. Therefore, the request for Hydromorphone 4 mg #90 is non-certified.