

Case Number:	CM13-0066367		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2009
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 57-year-old male who reported an injury on 02/21/2009. The mechanism of injury was not provided for review. The patient's treatment history included multiple medications, injection therapy, and cognitive behavioral therapy. The patient was monitored for aberrant behaviors with urine drug screens. The patient's most recent clinical evaluation documented that the patient's medication schedule included Dilaudid, Xodol, senna, Omeprazole, trazodone, Lidoderm, Lyrica, lorazepam, Paxil, Viagra, and Exalgo. It was documented that the patient had a treatment history of 3 spinal surgeries, with the most recent being in 04/2012. Physical findings included tenderness to palpation along the L5-S1 paraspinal musculature with restricted range of motion secondary to pain, and a positive straight leg raising test bilaterally. It was noted that the patient had decreased motor strength in the bilateral lower extremities and decreased sensation in the right L4, L5, S1, and left L4 dermatomes. The patient's diagnoses included shoulder derangement, depression and anxiety, chronic pain syndrome, lumbago, osteoarthritis, postlaminectomy syndrome, and degenerative disc disease of the thoracic and lumbosacral spine. The patient's treatment plan included continuation of medications and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromophone HCL 8mg, #160: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Dosing Page(s): 86.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be based on documentation of a quantitative assessment of pain relief, functional benefit, manages side effects, and evidence that a patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has 10/10 pain without medications that is reduced to 5/10 pain with medications. It is noted within the documentation that the patient's medication schedule allows for increased mobility and tolerance of activities of daily living and home exercises. It is noted that the patient does not have any significant side effects from the patient's medication usage. However, the California Medical Treatment Utilization Schedule recommends no more than 120 morphine daily equivalents of a medication. The clinical documentation does indicate that the patient is taking Exalgo 32 mg every 24 hours and Dilaudid 8 mg up to 6 per day for severe pain. This is well in excess of the recommended 120 mg morphine daily equivalent. Therefore, continued use would not be indicated. As such, the requested Hydromorphone HCL 8mg, #160 is not medically necessary or appropriate.