

<b>Case Number:</b>	CM14-0105532		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 59 year old employee with date of injury of 3/17/2008. Medical records indicate the patient is undergoing treatment for bilateral moderate CTS and cubital tunnel syndrome; Dequervain's syndrome, bilateral CTS, bilateral ulnar neuropathy, cervalgia, status-post left shoulder surgery (11/9/2010) and GERD. Subjective complaints include chronic bilateral shoulder, arm, elbow and wrist pain. She has poor tolerance to static posture, difficulty with repetitive activities, writing and reaching out. Medications will minimize but not get rid of symptoms. Her current pain is 6/10 for: left elbow, forearm and left wrist; 4/10: right elbow and neck; 5/10 back and 3/10 right shoulder. Her left shoulder pain is getting progressively worse and she cannot sleep on her left side. She has difficulty driving. Objective findings include grip strengths were assessed with a Jamar dynamometer set at second setting. They were 50 lbs on right and 45 on the left. Sensation is intact to light touch. Cervical MRI on 12/09 reveals right paracentral osteophytes C2-3-4 causing mild foramen compromise C3-4. Treatment has consisted of Savella, Opana ER, Hydromorphone, Celebrex, Lidoderm patch, Gabitril, Xanax, Trazodone, Seroquel, Pristiq and Abilify. She has used a H-wave machine and has found it helpful. The utilization review determination was rendered on 6/10/2014 recommending non-certification of Hydromorphone tab 2mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphone tab 2mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Opioidswww.drugs.com (Dilaudid, Official FDA Information)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

**Decision rationale:** Per MTUS, Hydromorphone is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document any of the following: the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, and the setting of goals. The treating physician has not met MTUS guidelines for Hydromorphone. As such, the request for Hydromorphone tab 2mg #90 is not medically necessary.