

Case Number:	CM14-0136872		
Date Assigned:	09/03/2014	Date of Injury:	02/27/2001
Decision Date:	10/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old female sustained a T11 compression fracture in a motor vehicle accident on 2/27/2001. The most recent progress notes, dated 5/27/2014 through 7/31/2014, indicated that there were ongoing complaints of back pain, neck pain and spasms with radiation to the arms. Physical examination demonstrated hypermyotonicity and allodynia on palpation of the cervical paraspinal muscles. Cranial nerves II-XII were grossly intact. The patient had ambulation without deficit in gait. No recent diagnostic imaging studies available for review. Previous treatment included trigger point injections and medications to include hydromorphone, MS Contin, Valium and Lidoderm patches. A request had been made for hydromorphone HCL 8 mg, which was not certified in the utilization review on 8/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone HCL 8mg #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid). Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, criteria for use of opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78 & 93 of 127..

Decision rationale: MTUS treatment guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic neck and low back pain after she sustained a T12 compression fracture in a motor vehicle accident in 2001. Review of the available medical records, fails to document objective improvement in her pain or function with the current regimen. Furthermore, there is no pain management/opiate agreement or recent urine drug screen documented. As such, this request is not considered medically necessary.