

<b>Case Number:</b>	CM14-0153591		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/17/2003
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 49-year-old male who reported an injury of unspecified mechanism on 12/17/2003. On 04/03/2014, his diagnoses included low back pain, lumbar spine HNP, and cervical pain. His complaints included increasing cervical pain with radiation to both upper extremities and increasing low back pain with radiation into both lower extremities. His medications included MS ER 80 mg and hydromorphone 4 mg as well as an intrathecal morphine pump, delivering fentanyl at 11.010 mg per day. His pump was refilled on 04/04/2014, 04/25/2014, 05/06/2014, 07/02/2014, 07/24/2014, and 09/17/2014. The treatment plan was to continue with his present pain management plan but his MS ER was increased from 80 mg to 100 mg with no explanation. There was no rationale included in this worker's chart. On 08/21/2014, his diagnoses and medications remained the same. A Request for Authorization dated 08/26/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HYDROMORPHONE 4MG #135: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-95.

**Decision rationale:** The request for hydromorphone 4 mg #135 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatments should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluation, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Since this worker was taking more than 1 opioid medication, without the frequency the morphine equivalency dosage could not be calculated. Therefore, this request for hydromorphone 4 mg #135 is not medically necessary.

**MS ER 100MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-95.

**Decision rationale:** The request for MS ER 100 mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatments should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluation, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Since this worker was taking more than 1 opioid medication, without the frequency the morphine equivalency dosage could not be calculated. Therefore, this request for MS ER 100 mg #120 is not medically necessary.