

Case Number:	CM14-0169959		
Date Assigned:	10/20/2014	Date of Injury:	01/16/2003
Decision Date:	11/20/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 54-year-old female with a 1/16/03 date of injury; the mechanism of the injury was not described. The patient was seen on 9/18/14 for the follow up visit. The progress note stated that during acute pain episodes the patient felt nauseous and she could not tolerate oral medications. The patient was seen on 9/24/14 with complaints of the neck pain. The pain was rated 0/10 with medications and the patient's activity level remained the same. Exam findings of the cervical spine revealed surgical scar, restricted range of motion and tenderness over the paraspinal muscles, trapezius and rhomboids. There was a trigger point with radiating pain and twitch response on palpation at the cervical paraspinals and trapezial muscles. The sensation to light touch was decreased over lateral forearm on the right side. The patient was noted to be on Skelaxin, Lidoderm patch, Zofran, Hydromorphone suppos, MSContin and other medications. The diagnosis is cervicobrachial syndrome, post cervical laminectomy syndrome, cervical discopathy with myelopathy and spasm of muscle. Treatment to date: work restrictions and medications. An adverse determination was received on 9/26/14 given there were other oral medications available for the patient's intolerance to oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone Suppository 3mg #36: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS does not address Hydromorphone suppositories. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2003 date of injury, the duration of opiate use to date is not clear. The progress notes indicated that during acute pain episodes the patient felt nauseous and she could not tolerate oral medications. However, it was noted that in addition to oral medications, the patient was using muscle relaxant patches. In addition, there is a lack of documentation indicating decrease in the patient's pain on the VAS scale due to Hydromorphone Suppository usage. Therefore, the request for Hydromorphone Suppository 3mg #36 is not medically necessary.