

Case Number:	CM14-0174781		
Date Assigned:	10/28/2014	Date of Injury:	10/09/2006
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 59 year old male who was injured on 10/9/2006. The diagnoses are low back and left shoulder pain. There are associated diagnoses of myalgia and opioid induced constipation. The radiological report showed degenerative disc disease of the lumbar spine. On 10/2/2014, [REDACTED] noted subjective complaint of pain score of 4/10 with medication and 8/10 without medication on a scale of 0 to 10. There was objective finding of tenderness in lumbar paraspinal muscle and decreased range of motion of the lumbar spine and left shoulder. The patient reported 60% pain relief to the left shoulder following steroid injection. There is increase in ADL and physical function with utilization of the medications. There is a Pain Contract on file. The UDS is consistent. The medications are fentanyl patch, Norco, Hydromorphone for pain, Promolaxin for constipation and Trazodone. A Utilization Review determination was rendered on 10/10/2014 recommending non certification for hydromorphone 4mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized in the treatment of exacerbation of severe musculoskeletal pain that is non-responsive to standard treatment with NSAIDs and PT. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the patient have significant opioid induced constipation. The patient is utilizing multiple opioids including Fentanyl patches, Norco and Hydromorphone as well as Trazodone. The records did not show that the patient is utilizing NSAIDs and co-analgesics that can have opioid sparing effects resulting in decreased total dosage and side effects. The patient is utilizing long acting fentanyl patch and short acting Norco for breakthrough pain. The additional short acting Hydromorphone will lead to titration complication and potential increased adverse effects. The guidelines does not recommend the use of Hydromorphone as a first line medication for outpatient use for breakthrough pain. The criteria for Hydromorphone 4mg #90 was not met.