

<b>Case Number:</b>	CM14-0031707		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and is licensed to practice in Illinois. 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 40 year old male who reported an injury on 10/15/2009 due to an unknown mechanism of injury. The injured worker complained of low back pain radiating down to both lower extremities. He rates the pain 7/10, and with acupuncture and medication pain decreases to 3/10. He reports no side-effects to medications. The injured worker states he has an increased activity level by 15 minutes more daily due to acupuncture and medication. On 01/03/2014 the physical exam revealed loss of normal lordosis with straightening of the lumbar spine and surgical scars. His range of motion is restricted with flexion, limited to 35 degrees, and extension limited to 3 degrees. The straight leg test was positive on the right side. On 11/17/2010 the MRI of the lumbar spine revealed mild proximal right neural foraminal stenosis at L5-S1. There was lateral disc extrusion with left L4 nerve effacement. On 7/22/2010 the injured worker had an electromyography (EMG) and nerve conduction study (NCS) revealing mild acute and sub-acute left L5 radiculopathy. There was no significant axonal right lumbosacral radiculopathy, or evidence of focal peroneal/sciatic distribution neuropathy affecting the lower extremities. The injured worker had diagnoses of lumbar radiculopathy, post lumbar laminect syndrome, and low back pain. The past treatment included acupuncture therapy. On 02/09/2011 the injured worker had a microscope assisted posterior hemilaminotomy L5-S1, decompression release of right S1 nerve root foramenotomy, discectomy L5-S1, repair of annulus with anulex anchor system, and intraoperative fluoroscopy. The injured worker is on the following medications Flomax 0.4mg, Colace 100mg, hydromorphone 2mg, zanaflex 4mg, trazodone 50mg, gabapentin 800mg, Viagra 100mg, glyburide 5mg, lovastatin 40mg, metformin Hel 1,000mg, janumet 1mg, lorazepam 1mg, clobetasol 0.05% ointment, and miconazole nitrate 2% cream. The current treatment plan is for hydromorphone 2mg tab 1 tab TID as needed #90. The rationale was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphone 2mg tab 1 tab TID as needed #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

**Decision rationale:** The CA MTUS guidelines state in regards to opioids, that there must be 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. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. The documentation provided did indicate that the injured worker had decrease in pain from 7/10 to 3/10 with medication. Also, the injured worker had an increase in daily activities by 15 minutes daily. However, there was lack of documentation of the least reported pain over the period since last assessment, how long it takes for pain relief, and how long pain relief lasts. Given the above, the request for hydromorphone 2mg #90 is not medically necessary.