MAXIMUS Federal Services

Case Number:	CM14-0032963		
Date Assigned:	04/18/2014	Date of Injury:	01/14/2005
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 64 year old male who reported an injury of unknown mechanism on 01/14/2005. In the clinical note dated 04/11/2014, it was noted the claimant had a history of left extremity and hip pain. He complained of slight pain increase and continued withdrawal symptoms of sweating, mild nausea, severe muscle pain/spasm, and mild diarrhea. His pain level was reported at 8/10. The main purpose for the clinical visit was for routine medication refills. The claimant stated that he was better able to complete activities of daily living while on medications. He denied any new areas of pain, numbness, tingling, weakness, nor bowel or bladder dysfunction. The prescribed medication documented was Dilaudid 8 mg every 4-6 hours, OxyContin 40mg 3-4 every 8 hours #340/month, Seroquel 25mg 1-3 at bedtime, Celebrex 200mg every 12 hours and Gabapentin 600mg 1-2 every day. In the physical examination it was documented the claimant had limited range of motion in his hip and both knees. It was documented he was post status left hip ORIF of unknown date. The diagnoses included osteoarthritis to multiple sites.A urine drug screen was obtained and the last urine drug screens on 07/10/2013 and 12/19/2013 were consistent with CURES per the clinical note. The treatment plan included titration of OxyContin and refill of Seroquel, Dilaudid, and Neurontin since the claimant noted increased activity and not side effects. The claimant was to return to the clinic in 4 weeks. He was informed that he would obtain medications from the current clinic only and that early requests for refills would not be honored. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROMORPHONE TABLET 8MG, #150, 25 DAY SUPPLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 85 -87, 93.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that hydromorphone for osteoarthritis is not recommended as a first-line therapy; however, it is recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. In the clinical note, there is no reviewable documentation of non-steroidial antiinflammatory drugs (NSAIDs) being used to help in control of pain management. Also the guidelines recommend that dosing should not exceed 120 mg oral morphine equivalents per day, and for injured workers taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The injured worker was documented as taking Oxycontin 40mg, 3-4, every 8 hours in addition to the requested hydromorphone. The request for hydromorphone along with the prescription of Oxycontin greatly exceeds the recommended morphine equivalent dosing by at least 612 mg. It was unclear if the injured worker was taking these medications on an as needed basis or as daily medications. It was documented in the clinical notes that the injured worker was experiencing symptoms of withdrawal including sweating, mild nausea, severe muscle pain/spasm, and mild diarrhea. The MTUS guidelines also state that side effects may cause respiratory depression and apnea which are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. There was a lack of quantifiable significant objective functional improvement. Therefore, the request for Hydromorphone 8mg, #150, 25 day supply is not medically necessary and appropriate.