

Case Number:	CM14-0046971		
Date Assigned:	07/02/2014	Date of Injury:	09/04/1991
Decision Date:	10/10/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/15/2014

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 Physical Medicine & Rehabilitation 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 an 80-year-old male who reported an injury on 09/04/1991 caused by an unspecified mechanism. The injured worker's treatment history included medications, TENS unit, therapy, intrathecal pump implantation and x-rays. Injured worker had a urine drug screen on 10/31/2013 that was positive for opiate usage. The injured worker was evaluated on 03/15/2014 and it was documented the injured worker reported a 2 point degrees in verbal analog pain score with the use of medications, but overall no changes in the pain pattern, location or quality, fluid retention was also suspected to be related to overall daily pain. Physical examination revealed no major changes in overall status including bilateral 1+ edema in ankles and calves, no active radiculopathy, and the injured worker ambulated using a front wheeled walker. Mediations include hydromorphone, Cymbalta, Lasix, temazepam, atenolol, Doc-Q-Lax, mirtazapine, phenytoin, and benazepril. Diagnoses included lumbago, postlaminectomy syndrome, and lumbosacral neuritis. Request for Authorization dated 03/05/2014 was for medication refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone HCL 4 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. Additionally, the injured worker has been utilizing Hydromorphone since 09/2012 in addition to intrathecal morphine administration. There was no conservative measures indicated for the injured worker such as pain medication management for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Hydromorphone HCL 4 mg # 120 is not medically necessary.

Chemistry panel to monitor homeostasis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain. Consideration of risks and side effects. Page(s): 83 & 84..

Decision rationale: The request for chemistry panel to monitor homeostasis is not medically necessary. Chronic Pain Medical Treatment Guidelines state that opioids for neuropathic pain Consideration of risks and side effects: Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) longterm use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Laboratory testing are considered medically necessary only when there is a clinical evidence of undetected disease that poses immediate risk to the patient's health or when there is reasonable probability that the results will change the course of treatment. The injured worker has not reported no serious adverse effects of medications. As such, the request is not medically necessary.