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| Case Number: | CM14-0051635 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 09/04/1991 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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 Occupational Medicine 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 claimant is an 80-year-old male who reported an injury on 9/4/9; however, the mechanism of the injury was not described. The patient was seen on 3/24/14 for the medication management visit. There was no documentation reported with any change in his pain pattern, location or severity and stated that medications were helping him with his activities of daily livings (ADL's). The patient's physician lowered his Hydromorphone due to limited functional improvement. The progress note dated 3/28/14 stated that the patient received an intrathecal morphine pump refill. The diagnosis is lumbar postlaminectomy syndrome, lumbosacral neuritis and lumbago. Treatment to date: medications, intrathecal morphine pump and lumbar laminectomy. An adverse determination was received on 3/28/14 and the request was modified from 1 prescription of Hydromorphone Hcl 4 mg #120 to 1 prescription of Hydromorphone Hcl 4mg #68. The patient received only 2 point decrease in the pain with the Visual Analog Scale (VAS), apparent decrease in function and the continued use of Hydromorphone Hcl was not justified except for the purpose of continuing the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydromorphone HCL 4mg #120: Upheld

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

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

Decision rationale: 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." The Utilization Review decision dated on 3/28/14 modified the request for Hydromorphone Hcl from 1 prescription of Hydromorphone Hcl 4 mg #120 to 1 prescription of Hydromorphone Hcl 4mg #68 and the weaning process was indicated. There is a lack of documentation stating that the patient received significant functional gains from the treatment. In addition the patient's improvement on the VAS was minimal. Therefore, the request for Hydromorphone HCL 4mg #120 is considered not medically necessary.