

Case Number:	CM14-0083049		
Date Assigned:	07/21/2014	Date of Injury:	05/22/2000
Decision Date:	09/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 a 55-year-old male with a reported date of injury of 05/22/2000. The injured worker's diagnosis included post laminectomy. The injured worker's medication regimen was not provided within the documentation. Within the clinical note dated 04/15/2014, the physician indicated the injured worker was being weaned on some of his narcotics. The physician indicated the injured worker is working full time and has restored his core strength and continues to work daily with exercise programs. The injured worker is dealing with depression, poor physical activity, and no activity outside of work. He is performing at a higher level physically and emotionally. The physician is requesting that the narcotics be continued. The Request for Authorization for hydromorphone 40 mg #60/30 was submitted on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg #60/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Long acting/Short acting Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review lacks documentation related to the injured worker's functional and neurological deficits. There is a lack of documentation related to the ongoing review of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Hydromorphone 4mg #60/30 is not medically necessary.