

Case Number:	CM14-0085840		
Date Assigned:	07/23/2014	Date of Injury:	09/08/2000
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehab, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of September 8, 2000. A utilization review determination dated May 27, 2014 recommends noncertification of hydromorphone 8 mg 120 tablets. A progress report dated June 12, 2014 identifies subjective complaints of severe intractable pain in his right lower extremity. The patient notes that his pain is 5/10 with medication and 10/10 without them. He states that he cannot function without the pain medication. He continues to use Lyrica, Elavil, and Topamax for neuropathic pain. He continues to see a psychiatrist who prescribed Wellbutrin, Zoloft, and Xanax for anxiety and depression. The patient denies any suicidal ideation. The patient is using methadone 40 mg 3 times daily for pain as well as immediate release morphine 30 mg tabs up to 4 per day for breakthrough pain. He states he cannot function on a lower dose than this. He reports 50% functional improvement with medications with activities of daily living. Physical examination reveals erythema and swelling in the lower extremity with allodynia in the right lower extremity. Additionally, the right lower extremity is cold to touch. Diagnoses include history of ACL repair in the right knee with complex regional pain syndrome, hypogonadism from chronic narcotic use, and anxiety/depression. The treatment plan recommends continuing the patient's current medications. The note goes on to identify that the patient has a narcotic contract, and urine drug screens have been appropriate. A progress report dated April 23, 2014 indicates that the patient is using methadone 10 mg tablets 4 pills 3 times a day, oxycodone immediate release 30 mg tablets one pill 4 times a day PR and, and recommends pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Hydromorphone 8mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydromorphone; Criteria for use of opioids; Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120.

Decision rationale: Regarding the request for Dilaudid (Hydromorphone), California Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the patient's current pain medication has improved the patient's pain and function, causes no side effects, and that there has been no aberrant use noted. However, it is unclear what regimen the patient is currently utilizing. One progress report indicates that the patient is taking Oxycodone as a PRN medication, whereas another document indicated the patient is taking morphine as a PRN medication. The addition of a 3rd PRN medication in the form of Hydromorphone would be exceptionally risky. The use of more than one PRN medication significantly increases the risk of overdose and death. In the absence of clarity regarding those issues, the currently requested Hydromorphone is not medically necessary.