

Case Number:	CM15-0004210		
Date Assigned:	01/15/2015	Date of Injury:	01/20/2011
Decision Date:	03/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 who reported an injury on 01/20/2011 after a slip and fall. The injured worker reportedly sustained an injury to his right shoulder and cervical spine. This ultimately resulted in surgical intervention. The injured worker was treated postsurgically with medications, physical therapy, activity modification, a TENS unit and multiple medications. The injured worker was also treated psychologically with cognitive behavioral therapy and medications. The injured worker was evaluated on 10/31/2014. The injured worker complained of 6/10 pain that was reduced by 20% to 40% by the injured worker's medication schedule. The injured worker's medications included Nexium, losartan, OxyContin, Zofran, metformin, alprazolam and Zoloft. It was noted that the injured worker was able to tolerate exercises with pain medications. The injured worker's physical exam findings included reduced strength of the right upper extremity rated 4/5 with tenderness of the right trapezius and right levator scapula with limited range of motion of the shoulder. It was noted that the injured worker did not have any aberrant behavior with a urine drug screen dated 09/05/2014 that was positively appropriate. The injured worker's treatment plan included a refill of medications with continued use of a TENS unit and a followup GI consult. A Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODIFY the request for Hydromorphone 2mg 1 TID #90 w/2 refills to allow the patient Hydromorphone 2mg 1 TID #90 w/0 refills for the purpose of weaning to discontinue, with a reduction of MED by 10%-20% per week over a weaning period of 2-3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydromorphone (Dilaudid; generic available); and When to. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Criteria for Use; and Opioids for Chronic Pain

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

Decision rationale: The requested modify the request for hydromorphone 2 mg 1 three times a #90 with 2 refills to allow the patient hydromorphone 2 mg 1 three times a day #90 with 0 refills for the purpose of weaning to discontinue, with a reduction of MED by 10%-20% per week over a weaning period of 2 to 3 months is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends continued usage of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has pain reduction, increased function, managed side effects and no evidence of aberrant behavior. Therefore, continued use of opioids would be supported. However, it appears the original request was for 2 refills. This does not allow for timely reassessment and monitoring. Although continued use of opioids would be appropriate in this situation, the request as it is submitted, does not clearly indicate what is being appealed. As such, the request for modify the request for hydromorphone 2 mg 1 three times a #90 with 2 refills to allow the patient hydromorphone 2 mg 1 three times a day #90 with 0 refills for the purpose of weaning to discontinue, with a reduction of MED by 10%-20% per week over a weaning period of 2 to 3 months is not medically necessary or appropriate.