

<b>Case Number:</b>	CM15-0140924		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	03/15/2007
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59 year old male, who sustained an industrial injury on March 15, 2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic low back pain, lumbar radiculopathy, lumbar back syndrome, bilateral sacroiliac joint dysfunctional pain, and bilateral extremity pain. Treatment and diagnostic studies to date have included medication regimen and laboratory studies. In a progress note dated June 18, 2105 the treating physician reports complaints of chronic low back pain that radiates to the bilateral lower extremities. The injured worker's medication regimen included Ambien, Zanaflex, Lyrica, and Hydromorphone. The injured worker's current pain level was rated an 8 out of 10 with the use of his medication regimen and rated the pain level a 10 out 10 without the use of the injured worker's medication regimen. The treating physician noted 20 to 25% improvement with the use of his medication regimen as an average. The treating physician requested the medication Hydromorphone tablets 4mg with a quantity of 120 noting current use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphone tab 4 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured now 8 years ago. Diagnoses were low back pain, lumbar radiculopathy, lumbar back syndrome, bilateral sacroiliac joint dysfunctional pain, and bilateral extremity pain. As of June 2015, the treating physician reported complaints of chronic low back pain that radiates to the bilateral lower extremities. The treating physician noted 20 to 25% improvement with the use of his medication regimen as an average. VAS scoring notes just a two point improvement. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.