

Case Number:	CM15-0142179		
Date Assigned:	08/03/2015	Date of Injury:	12/15/1992
Decision Date:	09/22/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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 72 year old female, with a reported date of injury of 12-15-1992. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include right cervical radiculopathy, right sacroiliac joint dysfunction, multiple compression fractures, L1 to L2 and L2 to L3 disc degeneration, thoracolumbar kyphosis, lumbar radiculopathy, L1 to L2 facet arthropathy with central canal stenosis, moderate to severe neural foraminal stenosis, status post partial corpectomy at C5 and anterior cervical disc fusion at C4 to C5, right shoulder impingement, and C5 compression fracture with segmental kyphosis. Treatments and evaluation to date have included oral medications, anterior cervical fusion on 12-04-2014, and right shoulder subacromial injection. The diagnostic studies to date have included a CT scan of the cervical spine on 04/29/2015 which showed evidence of interval cervical spine surgery, diffuse degenerative endplate changes with osteophyte formation and posterior bony spurring with multilevel degenerative disc disease and spondylosis, with areas of facet hypertrophy, decreased vertebral body height, prominent central disc bulge, and retrolisthesis and beam hardening artifact with narrowing of the bony spinal canal. The narrative progress report dated 05-05-2015 indicates that the injured worker continued to have neck pain with radiation down the right upper extremities to the hand and intermittently to the fingers. She rated the pain 8 out of 10 without medications and 7 out of 10 with medications. The injured worker also continued to have low back pain with radiation down the left lower extremity. She rated the pain 8 out of 10 without medications and 7 out of 10 with medications. The physical examination showed a well-healed anterior cervical incision; no evidence of tenderness or spasms of the cervical

paracervical muscles or spinous processes; no tenderness over the base of the neck; no tenderness over the base of the skull; tenderness over the right more than left trapezius musculature; no tenderness over the interscapular space; no tenderness over the anterior cervical musculature; intact sensation to light touch and pinprick in the bilateral upper extremities; and abnormal motor power with right shoulder abduction and elbow flexion due to pain. It was noted that the injured worker had x-rays of the cervical spine on 04-07-2015 which showed old C6 to C7 fusion with anterior plate, an interbody cage with screw fixation, and an interval fracture of C5 vertebrae with resulting segmental kyphosis. The injured worker was permanent and stationary, treating under future medical care. The treating physician requested Hydromorphone 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone tab 4mg #90-15 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

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

Decision rationale: This claimant was injured back in 1992. The diagnoses were right cervical radiculopathy, right sacroiliac joint dysfunction, multiple compression fractures, facet arthropathy, and post partial corpectomy at C5. The patient has been on opiates for long duration, without documentation of objective functional benefit out of the regimen over the years. 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 certified per MTUS guideline review.