

Case Number:	CM15-0163841		
Date Assigned:	09/01/2015	Date of Injury:	01/22/2005
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 67 year old male, who sustained an industrial injury on 1-22-2005, from a trip and fall. The injured worker was diagnosed as having cervicalgia. Treatment to date has included diagnostics, multiple cervical spine surgeries, physical therapy, various injections, lumbar spinal surgery in 12-2014, and medications. The use of Dilaudid 8mg (1 tablet every 4 hours as needed for pain-max 5 per day) was noted in 11-2011. An exacerbation of his chronic back pain was noted in 12-2014, resulting in an Emergency Department visit. Currently, the injured worker reported that the prescriptions that he was given after his lumbar spinal surgery was not what he was taking prior to therapeutic pain management. It was documented that Percocet was added post-operatively and Hydromorphone was subsequently decreased. He felt that the Hydromorphone was generally the best tolerated and most effective medication for reducing pain the pain was not rated. He was also noted to be prescribed Norco, enough to get by, through another physician. Baseline urine toxicology was documented as consistent. The treatment plan included the continuation of Dilaudid, with re-assessment in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 8mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Hydromorphone, California Pain Medical Treatment Guidelines state that Hydromorphone 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, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Hydromorphone is not medically necessary.