

Case Number:	CM15-0192995		
Date Assigned:	10/07/2015	Date of Injury:	05/19/2009
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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

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 sustained an industrial-work injury on 5-19-09. He reported initial complaints of back and sciatica. The injured worker was diagnosed as having chronic pain syndrome, anxiety, depression, lumbar disc degeneration, spinal stenosis, status post laminectomy at L4-5 and L5-S1, recurrent radicular pain, multilevel facet spondylosis, post-laminectomy epidural scarring, and insomnia. Treatment to date has included medication, diagnostics, and urology and orthopedic consultation. Currently, the injured worker complains of continuous moderate to severe back and leg pain with depression and insomnia. Pain level is 7 out of 10 with medication and 9-10 out of 10 without. Medication helps with sitting, sleeping, and walking. Meds include Ibuprofen OTC, Butrans 20 mcg, Norco 10-325. Dilaudid 8 mg is ordered for breakthrough pain. He is not working. Per the primary physician's progress report (PR-2) on 9-22-15, exam noted bilateral paraspinal muscle atrophy from L3-4 to L5-S1, decreased range of motion, decreased sensation in the dorsal lateral foot, anteriolateral leg, and posterior distal calf, and gait is right antalgic. Current plan of care includes medical management. The Request for Authorization requested service to include Hydromorphone HCl 8mg #30/30/0. The Utilization Review on 9-24-15 denied the request for Hydromorphone HCl 8mg #30/30/0, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone HCl 8mg #30/30/0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydromorphone is often used for pain infusion. It is not routinely used for oral medication. In this case, the claimant has been on opioids for years including Nucynta, Hydrocodone, Methadone Fentanyl and Butrans. No one opioid is superior to another. Chronic use of opioids is not recommended as it can cause side effects and addiction. The Hydromorphone was added due to pain not being controlled by the above, thus indicating tolerance to opioids. The addition of Hydromorphone is not medically necessary.