

Case Number:	CM15-0196024		
Date Assigned:	10/09/2015	Date of Injury:	11/08/1997
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 63 year old male/female, who sustained an industrial injury on 11-8-1997. The injured worker is undergoing treatment for: sleep arousal disorder, right lower extremity reflex sympathetic dystrophy. On 6-22-15, and 9-9-15, she reported right knee pain. She is reported to have a spinal cord stimulator in place that is no longer used. She also reported depression. She indicated her pain was increased over the last month and she has been spending more time in bed keeping her leg elevated. She reported that additional hydromorphone was "helping minimally" and has been reported as taking up to 6 tablets on some days. She rated her pain 7-8 out of 10. No aberrant behaviors are noted. She indicated hydromorphone 2mg 2 tabs takes 15 minutes for relief and lasts 2-3 hours with 60-65 percent relief with morphine sulfate ER 30mg. Physical examination revealed swelling and tenderness with decreased range of motion to the right knee. The treatment and diagnostic testing to date has included: medications, right knee surgery (1997), CURES (7-28-15) reported as appropriate, urine drug screen (1-12-14) reported as appropriate. Medications have included: gabapentin, Risperidone, Colace, trazodone, dulcolax, and Lidoderm patches. The records indicate she has been utilizing opioids since at least March 2015, possibly longer. Current work status: not documented. The request for authorization is for: Hydromorphone 4 mg every 4 hours as needed, maximum 4 per day quantity 120. The UR dated 9-17-2015: non-certified the request for Hydromorphone 4 mg every 4 hours as needed, maximum 4 per day quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: According to the guidelines, Dilaudid is recommended for use with pain pumps. It is not 1st line for mechanical or compressive etiologies. In this case, the claimant had been on Morphine at 120 mg daily. The claimant was previously on Oxycontin and Methadone. The Dilaudid was provided as part of opioid rotation due to denial of prior meds. In addition, the claimant was already on the maximum Morphine allowed daily with pain reduction of 65%. The Gabapentin reduced the pain 20-30%. The additional of Dilaudid would exceed the daily Morphine equivalent recommended. The Dilaudid is not medically necessary.