

Case Number:	CM15-0204124		
Date Assigned:	10/20/2015	Date of Injury:	09/21/1998
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 59 year old male who sustained a work-related injury on 9-21-98. Medical record documentation on 9-2-15 revealed the injured worker was being treated for lumbar radiculopathy, lumbar spine degenerative disc disease and post-lumbar laminectomy syndrome. He reported back pain with radiation of pain to the bilateral lower extremities. He rated his pain a 9 on a 10-point scale and noted that without his medications his pain rating was 10 on a 10-point scale. He reported that his quality of sleep was poor with less than six hours of sleep per night. He reported his activity level had decreased and that his medications were working well. His medication regimen included Prozac 20 mg, Viagra 100 mg, Rozerem 8 mg, Hydromorphone 50 mg-ml for his intrathecal pump refill, Klonopin 0.5 mg, MS Contin 100 mg, Embeda 100-4 mg and Neurontin 400 mg. Previous medications included Lidoderm patch, Topiramate, Rozerem, and Klonopin. He had an intrathecal pump revision on 3-3-15. The evaluating physician noted that the injured worker's hydromorphone for the intrathecal pump was being tapered from 13.3 to 12.9. Objective findings included a mildly antalgic gait with a cane for assistance. He had a loss of normal lordosis with straightening of the lumbar spine. He had hypertonicity, spasm, tenderness and tight muscles of the bilateral lumbar spine. He reported that Neurontin was not helping to manage his neuropathic pain. A request for Hydromorphone (Dilaudid) 50 mg-ml #20 was received on 9-9-15. On 9-17-15, the Utilization Review physician modified Hydromorphone (Dilaudid) 50 mg-ml #20 to #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone (Dilaudid) 50mg/ml #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydromorphone (Dilaudid) 50 mg/ml #20 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculopathy; spinal/lumbar DDD; and post lumbar laminectomy syndrome. Date of injury is September 21, 1998. Request for authorization is September 9, 2015. The documentation shows the injured worker underwent three low back surgeries and an intrathecal pump revision on March 3, 2015. A urine drug toxicology screen from 2010 showed methamphetamine. According to a September 2, 2015 progress note, the injured worker has ongoing low back pain with radiation to the bilateral lower extremities. Pain is 9/10. The pain score is unchanged from prior progress note documentation. Additional medications include hydromorphone, MS Contin and Embeda (morphine sulfate extended release and naltrexone). Objectively, the documentation shows there is tenderness with tightness over the lumbar muscles. There were no other physical findings. Motor examination was normal. There were no sensory deficits. The worker ambulates with a cane. There is no documentation demonstrating objective functional improvement and the pain score remains persistently elevated at 9/10. There is no documentation showing an attempt to wean hydromorphone. Based on the clinical information in the medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no subjective functional improvement despite multiple oral opiates in addition to the intrathecal opiates, a history of methamphetamine use (2010) and no detailed pain assessments or risk assessments, hydromorphone (Dilaudid) 50 mg/ml #20 is not medically necessary.