

Case Number:	CM15-0207372		
Date Assigned:	10/26/2015	Date of Injury:	03/25/2005
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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 60 year old female who sustained an industrial injury on 03-25-2005. Medical records indicated the worker was treated for right ankle pain. In the provider notes of 09-29-2015, the injured worker complains of right ankle pain that is rated an 8-9 on a scale of 10. The worker states she gets 70% overall pain relief with Hydromorphone 4mg as needed every 4-6 hours. The worker states her current medication improves her functions and quality of life. On exam, she has normal speech and affect, a slow steady gait, and moderate tenderness upon palpation of the right ankle. There is reported to be no evidence of medication misuse. The treatment plan includes continuation with present pain management plan and encouragement to decrease opioid use as tolerated. A request for authorization was submitted for 1 Prescription of Hydromorphone 4mg #150. A utilization review decision 10-13-2015 modified the request for Hydromorphone to certify one prescription of Hydromorphone 4 mg #105 with the remaining #45 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydromorphone 4mg #150: Upheld

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

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

Decision rationale: According to the guidelines, Hydromorphone is used for intrathecal purposes. It is not routinely indicated for mechanical or compressive etiologies. In this case, the claimant was on Vicoprofen in the past. There was no mention of failure of other long-acting opioids. The claimant was obtaining 60% relief on the Vicoprofen. There was a plan to wean opioids but the Hydromorphone essentially replaced the Vicoprofen. Continued use is not medically necessary.