

Case Number:	CM15-0022292		
Date Assigned:	02/11/2015	Date of Injury:	10/05/2000
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 62-year-old female who reported an injury on 10/05/2000. The mechanism of injury was not specifically stated. The current diagnoses include a cervical herniated disc, cervical radiculitis, herniated lumbar disc, lumbar radiculitis, chronic pain related sexual dysfunction, depressive anxiety, insomnia, and lumbar facet syndrome. The injured worker presented on 01/15/2015 for a follow-up evaluation. The injured worker reported pain throughout her entire body with numbness and tingling in the bilateral feet. The injured worker also reported headaches, nausea, and hot and cold flashes. Physical activity was very difficult secondary to pain. The injured worker reported 8/10 pain with medication and 10/10 without medication. There was no physical examination provided on that date. It was noted that the injured worker had difficulty ambulating secondary to pain in the bilateral feet. A spine surgery consultation was recommended, as well as a lumbar epidural steroid injection. The injured worker was also instructed to continue with the current medication regimen of Sentra AM, Dilaudid 4 mg, Zanaflex 4 mg, Lyrica 150 mg, amitriptyline 25 mg, Colace 100 mg, Lasix 20 mg, Percura, and gabapentin 500 mg. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone tab 4 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker has continuously utilized the above medication since at least 10/2014. There was no documentation of objective functional improvement. The injured worker continues to present with high levels of pain. Additionally, the request as submitted failed to indicate a frequency. There was also no documentation of a written consent or agreement for chronic use of an opioid. Given the above, the request is not medically appropriate.