

<b>Case Number:</b>	CM15-0210647		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	03/23/2001
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male who sustained an industrial injury 03-23-01. A review of the medical records reveals the injured worker is undergoing treatment for low back pain, lumbar disc degeneration, post laminectomy syndrome, and lumbosacral radiculopathy. Medical records (10-02-15) reveal the injured worker complains of low back pain radiating to his left hip, which is rated at 8/10. His activity level is reported at 20%. The physical exam reveals prior treatment includes 2 lumbar fusion surgeries, physical therapy, and medications. He cannot take non-steroidals due to his gastric bypass procedure, and has trouble tolerating Vicodin due to hives and can only tolerate the Dilaudid with hydroxyzine due to itching. He has used Lidocaine patches with benefit. The original utilization review (10-13-15) non certified the request for hydromorphone 2mg #30, hydroxyzine HCL 25mg #40, and Lidocaine 5% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphone HCL 2mg, #30:** 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, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

**Hydroxyzine HCL 25mg, #40:** 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, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. This medication is utilized at times for chronic pain as an adjuvant to enhance the efficacy of opioid treatment. As the opioid request has been found to be not to be medically necessary, it follows that the request for Hydroxyzine is not medically necessary.

**Lidocaine 5% #30:** 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): Topical Analgesics.

**Decision rationale:** MTUS recommends topical Lidocaine only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.