

Case Number:	CM15-0035409		
Date Assigned:	03/03/2015	Date of Injury:	06/20/2006
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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, Arizona
 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 53-year-old female who reported an injury on 06/20/2006. The mechanism of injury was not specified. Her diagnoses include cervicgia, drug dependence not otherwise specified, and postlaminectomy syndrome of the lumbar region. Her past treatments were noted to include medications and injections. On 01/14/2015, the injured worker complained of shoulder pain, cervical radiculopathy, and headaches rated 7/10. The injured worker also complained of associated nausea and light sensitivity. Her current medications were noted to include hydromorphone, Dilaudid, sumatriptan 50 mg, Advil 200 mg, metoprolol 100 mg and Prozac 40 mg. The treatment plan included a prescription for hydromorphone and Dilaudid. A rationale was not provided. A request for authorization form was submitted on 01/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone Hcl ER 12 mgm tab, BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to have been prescribed hydromorphone by her primary treating provider, however, there was a lack of documentation to indicate the duration of time of medication use. Furthermore, there was a lack of documentation in regard to objective functional improvement and objective decrease in pain with medication use. Based on the above, the request is not supported by the evidence based guidelines. A weaning schedule is recommended for implementation due to long term use of Hydromorphone. Therefore, the request is not medically necessary or appropriate.