

<b>Case Number:</b>	CM15-0041196		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/30/2004
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: 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 45 year old male who sustained an industrial injury on 12/30/2004. Current diagnoses include back pain-lower status post surgery 2005, numbness and tingling, hardware from other injuries, myofascial pain, lumbar radiculopathy, and sleep issues. Previous treatments included medication management, epidurals, back surgery, psychiatric evaluation, TENS unit use, and home exercise program. Diagnostic studies included EMG/NCV of the lower extremities on 07/20/2012 and an MRI. Report dated 01/06/2015 noted that the injured worker presented with complaints that included chronic low back pain with radiation to lower extremities. The injured worker is using a cane secondary to instability. The injured worker also reported constipation. It was noted that the injured worker is seeing another physician for pain management (private), medication regimen included hydromorphone, NSAID, zolpidem, and other medications. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for WellbutrinXL, awaiting follow-up appt, continue home exercise program, continue medications as per his physician, and follow-up with the psychiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphone 4 mg, 240 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 74 - 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
82-92.

**Decision rationale:** According to the MTUS guidelines, HYDROMORPHONE is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydromorphone without significant improvement in pain or function- pain scores were noted to b 8/10. There was no indication of Tylenol failure. The continued use of Hydromorphone is not medically necessary.