

Case Number:	CM15-0047256		
Date Assigned:	03/19/2015	Date of Injury:	01/20/2011
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 54-year-old male, who sustained an industrial injury on January 20, 2011. He reported a slip and fall from a height of approximately 8-9 feet, off a metal rack, resulting in injury of the shoulder, back, head, and abdomen. The injured worker was diagnosed as having pain disorder associated with psychological factors. Treatment to date has included medications, psychotherapy, injections, right shoulder surgery, transcutaneous electrical nerve stimulation, and neck surgery. On November 26, 2014, he was evaluated for On January 26, 2015, he is very depressed, and states he feels worthless. He continues to have low back pain; right shoulder pain, right neck pain, right leg/knee pain, left knee pain, and right lower abdominal quadrant pain. Current medications are: Nexium, Oxycontin, Metformin, Alprazolam, Remeron, Dilaudid, Zofran, and Voltaren gel. On March 2, 2015, he is evaluated for continued right shoulder, right neck and right low back pain. He has been utilizing Hydromorphone since at least September 2014. The treatment plan included the request is for Hydromorphone 2mg capsules for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 2mg Capsules TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Therefore, the request is not medically necessary.