

Case Number:	CM15-0054137		
Date Assigned:	03/27/2015	Date of Injury:	06/15/1992
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66-year-old male, who sustained a work/ industrial injury on 6/15/92. He has reported initial symptoms of back pain. The injured worker was diagnosed as having chronic pain syndrome, cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, and meniscus tear. Treatments to date included medication, physical therapy, diagnostics, surgery, and trigger point injections. Currently, the injured worker complains of upper back pain, described as pins and needles, stabbing and is constant and it radiates to the leg. It is rated at 8/10. The treating physician's report (PR-2) from 3/5/15 indicated decreased range of motion to the lumbar spine, neurological exam to lower extremity noted reflexes at 1+ bilaterally. Sensation was normal. Palpation noted tenderness over the lumbar facet joints. Treatment plan included Hydromorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg tablets, 1 tab by mouth four times daily #120 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78-80.

Decision rationale: Hydromorphone 4mg tablets, 1 tab by mouth four times daily #120 with no refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long-term opioids without significant functional improvement. Therefore, the request for Hydromorphone 4mg tablets, 1 tab by mouth four times daily #120 with no refills is not medically necessary.