

Case Number:	CM15-0231474		
Date Assigned:	12/07/2015	Date of Injury:	09/15/2010
Decision Date:	01/15/2016	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/24/2015

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, Hawaii
 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 54 year old female with a date of injury on 09-15-2010. The injured worker is undergoing treatment for chronic pain syndrome, degenerative joint disease of the shoulder region, degeneration of cervical intervertebral disc and lumbar post laminectomy syndrome. A physician note dated 09-20-2015 documents her pain level is the same. She has cervical pain that radiates to her bilateral upper extremities, and she has thoracic pain and spasm. A physician progress note dated 10-21-2015 documents the injured worker has constant aching low back pain with radiation into the left lower extremity with weakness and numbness. Last visit she had a flare of spasm radiating into her left chest area and had trigger point injections and this flare has subsided. The trigger point injections helped with her back spasm and pain by a 30% reduction that lasted not quite a month. She mainly complains of spasm in the mid thoracic area. She also has neck pain that radiates into her upper extremities. She reports muscle aches and arthralgia's and joint pain. There is tenderness to right and left cervical paracervicals, the trapezius and the rhomboids. She rates her pain without medications as 9 out of 10. Activities of daily living increase with her medications. The thoracic spine has tenderness in the ribs and costal cartilage on the left at rib 9, and the right costal cartilage on the right at rib 9, the transverse process on the left at T9 and the transverse process on the right at T9. There is tenderness to the bilateral paraspinal on at T9. The Dilaudid is helping but she still has frequent muscle spasms-no baclofen. Treatment to date has included diagnostic studies, medications, physical therapy, status post lumbar surgery, trigger point injections, acupuncture, and epidural steroid injections. Current medications include Baclofen (which she does not have), Cromolyn

4% eye drops, Cyclobenzaprine, Gabapentin, Gralise, Hydromorphone (since at least 04-27-2015), Norco, Zetia, and Zolpidem. On 10-27-2015 Utilization Review non-certified the request for Hydromorphone 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with neck pain that radiates into the upper extremities. The current request is for Hydromorphone 4mg #60. The treating physician states, in a report dated 10/21/15, "Hydromorphone 4mg tablet, Take one tablet BID as needed." (13C) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, recommendation for further use cannot be supported as the treating physician provides no discussion regarding functional improvement, changes in ADL, or return to work status to show significant functional improvement. There is no discussion regarding decrease in pain or analgesia. There is no urine drug screen reports provided or any discussion of its results. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested medication is not medically necessary.