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| Case Number: | CM14-0107313 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 12/10/2010 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/10/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported an injury on 12/10/2010. The mechanism of injury involved repetitive heaving lifting. The current diagnoses include low back pain, lower extremity pain and lumbar spine degenerative disc disease. The injured worker was evaluated on 07/09/2014 with complaints of residual low back pain with radiation into the bilateral lower extremities. The current medication regimen includes oxymorphone ER and hydromorphone 8 mg. Physical examination revealed moderate tenderness to palpation, limited lumbar range of motion, spasm and tenderness at the bilateral hips. Treatment recommendations included continuation of the current medication regimen. A previous DWC Form RFA was submitted on 06/16/2014 for oxymorphone ER 15 mg and hydromorphone 8 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone ER 15 mg, count 120.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the injured worker has utilized the current medication since 01/2013. Although the injured worker reports an improvement in symptoms and function, there is no objective evidence of functional improvement. There is also no frequency listed in the request. As such, the request is non-certified.

Hydormorphone 8 mg, count 175.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the injured worker has utilized the current medication since 01/2013. Although the injured worker reports an improvement in symptoms and function, there is no objective evidence of functional improvement. There is also no frequency listed in the request. As such, the request is non-certified.