

Case Number:	CM14-0120620		
Date Assigned:	08/06/2014	Date of Injury:	01/29/2003
Decision Date:	11/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, shoulder, hip, and groin pain reportedly associated with an industrial injury of January 29, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar spine surgery; earlier shoulder rotator cuff repair surgery; earlier herniorrhaphy surgery; and total hip arthroplasty surgery. In a Utilization Review Report dated July 23, 2014, the claims administrator partially approved a request for hydromorphone (Dilaudid), reportedly for weaning purposes. The claims administrator's report was several pages long and somewhat difficult to follow. It was suggested (but not clearly stated) that the applicant was not deriving appropriate benefit through usage of hydromorphone. The applicant's attorney subsequently appealed. In a September 30, 2014 progress note, the applicant reported persistent complaints of hip and knee pain. The applicant was given diagnoses of incisional hernia, hip arthritis, shoulder pain, and cervical radiculitis. The applicant was having issues with performing various activities of daily living, including cooking, dressing, driving, housekeeping, yard work, shopping, etc., it was acknowledged. Sitting, standing, and walking were aggravating the applicant's pain complaints and were difficult to perform. The applicant was depressed, it was further noted. The applicant's medication list included Dilaudid, Lidoderm, Reglan, morphine extended release, and Zofran. It was stated that hydromorphone was allowing the applicant to participate in home exercise and was providing appropriate pain relief. This was not elaborated or expounded upon, however. Twelve sessions of physical therapy and a hip corticosteroid injection were sought. The applicant exhibited a visibly antalgic gait, it was noted in the clinic setting. Range of motion was limited in several planes. On July 16, 2014, the applicant again reported ongoing complaints of shoulder, hip, and knee pain. The applicant's case was reportedly challenging. The applicant

was again described as quite dependent in terms of performance of activities of daily living, including yard work, shopping, housekeeping, driving, dressing, and cooking. The applicant's medication list included Dilaudid, Lidoderm, Reglan, morphine, and Zofran. The applicant exhibited visibly limited range of motion about multiple body parts. The applicant did not appear to be working, at age 52. A visibly antalgic gait was appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 8mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant is having difficulty performing activities of daily living as basic as standing, walking, yard work, household chores, shopping, driving, etc., despite ongoing opioid usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.