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| Case Number: | CM14-0155478 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 10/15/2002 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 claimant is a male presenting with chronic pain following a work related injury on 10/15/2002. The claimant complained of low back pain. The pain is rated an 8/10. The claimant reported that the medications allows him to tolerate less than normal activities throughout the day at least by 60% to 70%. The physical exam showed palpable trigger points in the muscular region of the quadratus region and lumbar paraspinal muscles particularly in the lumbosacral region, lumbar spine, pain limited in all planes, parathesias in the lateral aspect of the legs bilaterally, DTRs in the ankle bilaterally, 4/5 motor weakness in the lower extremities, positive SI joint compression tes, positive slump test, mild antalgic gait on the right. The claimant was diagnosed with failed lumber surgery syndrome, failed neurostimulator lead in the lumbar spine and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone tab 4 mg tab days supply 15, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Hydromorphone tab 4 mg tab days supply 15, quantity 60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Infact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.