

Case Number:	CM14-0027445		
Date Assigned:	06/13/2014	Date of Injury:	04/01/1999
Decision Date:	08/18/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine & Rehabilitation 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 57-year-old female who reported an injury on 11/13/2001; the mechanism of injury was not provided. On 05/20/2014, the injured worker presented with lumbar spine axial pain and radicular pain down the bilateral legs. Diagnoses were lumbago with failed back surgery syndrome, cervicgia with bilateral radiculopathy, repetitive stress injuries, status post cervical epidural steroid injections, reactive depression and anxiety, and diagnosed sleep apnea/excessive daytime somnolence. Upon examination, there was tightness and spasm over the left calf with numbness in the feet bilaterally. There was sciatic notch tenderness bilaterally, greater on the left side and exquisite focal tenderness over the facets with a positive facet provocation, difficulty with range of motion, and decreased sensation to light touch and temperature and vibratory sensation in the left lower extremity over the dermatomes L4, L5, and S1. Current medications include oxymorphone, hydromorphone, Terocin lidocaine patch, and Intermezzo. The provider recommended hydromorphone 8 mg with a quantity of 240; the provider's rationale was not provided. The Request for Authorization form was dated 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROMORPHONE 8MG QTY:240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for hydromorphone 8 mg with a quantity of 240 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The injured worker has been prescribed Hydromorphone since at least 01/2014; the efficacy of the medication was not provided. As such, the request is not medically necessary.