

<b>Case Number:</b>	CM14-0029165		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 patient is a 51 year-old female with date of injury 10/28/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/03/2014, lists subjective complaints as pain in the upper back and left shoulder. The objective findings include paracervical muscle spasm and tenderness, as well as tenderness over the superior border or the trapezius muscle on the left side, decreased sensation to light touch in her left arm compared to the right side, decreased sensation to light touch on the left side of her chest wall from approximate area of T4 to T7 dermatomes and cervical axial traction reduced the pain in her neck. The patient's diagnosis includes cervical spine strain/sprain, neck pain with radicular symptoms to left upper extremity, status post left shoulder surgery with residual pain, a magnetic resonance image finding disc protrusions T4-T5 and T7-T8 and generalized myofascial pain, rule out fibromyalgia. The medical records provided for review document that the patient has been taking the following medication for at least as far back as one year. Medications: 1. Hydromorphone HCL 2mg, #120 SIG: three times daily

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective prescription of Hydromorphone HCL 2 mg #120 DOS: 2/10/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Pain (chronic), Hydromorphone (Dilaudid)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The previous utilization review physician had discussed this case with the requesting physician. The requesting physician had already agreed that Hydromorphone was not efficacious in treating this patient's pain. He also agreed to withdraw the patient from the medication. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore the request is not medically necessary.