

Case Number:	CM14-0215648		
Date Assigned:	01/05/2015	Date of Injury:	04/02/2009
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53-year-old male sustained work related industrial injuries on April 02, 2009. The mechanism of injury was not described. The injured worker subsequently complained of low back pain and bilateral leg pain radiating down to the feet with burning sensation at the heels, right side worse than left. The injured worker was diagnosed and treated for fusion failure. Treatment consisted of radiographic imaging, prescribed medications, epidural steroid injection on June 26, 2014, and periodic follow up visits. According to the treating provider notes dated October 6, 2014, physical exam revealed antalgic posture and difficulty rising from a sitting position. Documentation also noted difficulty sleeping secondary to pain and inadequacy of prescribed pain medication. Per treating provider report dated October 28, 2014, objective findings revealed spondylolisthesis at the L2-3 segment with a recommendation for CT scan and MRI for further evaluation. CT scan of the lumbar spine dated November 17, 2014, revealed status post bilateral pedicle screw fusion and laminectomy at L3-L5. There was a mild posterior bulge, mild spinal stenosis at L2-L3 and mild degenerative changes. As of October 28, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for Hydromorphone HCL 4mg QTY: 120 now under review. On December 5, 2014, the Utilization Review (UR) evaluated the prescription for Hydromorphone HCL 4mg QTY: 120 requested on November 21, 2014. Upon review of the clinical information, UR modified the request to Hydromorphone HCL 4mg QTY: 60 from November 21, 2014 to December 16, 2014, noting the lack of clinical documentation with CA MTUS opioid compliance guidelines consisting of risk assessment profile, attempt at weaning, updated urine drug screen, ongoing

efficacy and updated signed pain contract between injured worker and provider. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

hydromorphone HCL 4mg QTY#120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with low back pain and bilateral leg pain radiating all the way down with burning in the heels, right side worse than left. The request is for HYDROMORPHONE HCL. There is no indication of when the patient began taking this medication, nor do any of the reports provided discuss it. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. None of the reports provide any discussion on any change in the patient's pain and function. None of the 4A's are addressed as required by MTUS Guidelines. The treater fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy with the use of hydromorphone HCL. There are no discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor the medicine compliance has not been addressed. The treating physician does not provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. The requested hydromorphone HCL IS NOT medically necessary.