

Case Number:	CM15-0012929		
Date Assigned:	01/30/2015	Date of Injury:	05/06/1998
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 46 year old woman sustained an industrial, injury on 5/6/1998. The mechanism of injury was not detailed. Current diagnoses include chronic pain disorder. Treatment has included oral medication. Physician notes dated 12/8/2014 show the worker is complainign of pain rated 10/10, however, states that she hasn't taken her dilaudid since before Thanksgiving. The worker is in an electric wheelchair and states she can only walk a maximum of ten steps, and often needs assistance to rolll in bed, due to severe hip pain. On 1/9/2015, Utilization Review evaluated a prescription for hydromorphone hydrochloride 2mg that was submitted on 1/16/2015. The UR physician noted that there was no documentation of objective functional improvement with this medication. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independetn Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 2 mg 1-2 tablets every 4 hours as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence that this full review was completed at the time of this request to renew hydromorphone. There was no recent and clear documentation of any functional gains or pain reduction directly related to the use of hydromorphone. Therefore, the hydromorphone will be considered medically unnecessary to continue.