

<b>Case Number:</b>	CM15-0126220		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 58 year old male, who sustained an industrial injury on 04-04-2003. The injured worker is currently not working. The injured worker is currently diagnosed as having thoracic facet arthropathy, chronic pain, lumbar radiculitis, lumbar radiculopathy, status post lumbar spine fusion, history of pulmonary embolism secondary to deep vein thrombosis, severe peripheral vascular disease, and severe ischemic pain to bilateral lower extremities uncontrolled with high dose opioids and in need of urgent vascular surgeon evaluation and treatment. Treatment and diagnostics to date has included chiropractic treatment, home exercise program, previously failed Suboxone detoxification, unsuccessful weaning of opioid medications, and opioid pain medications. It is noted that detoxification program is on hold pending vascular surgery and fistula repair. In a progress note dated 05-27-2015, the injured worker presented for a pain medicine follow up visit with complaints of neck pain that radiates down left upper extremity, low back pain that radiates down the bilateral lower extremities, and lower extremity pain. The injured worker reports that his pain is unchanged since last visit. Pain is rated as 3 out of 10 on average with medications since last visit and as high as 10 out of 10 on average without medications. Objective findings include antalgic and slow gait and tenderness to thoracic and lumbar region. The treating physician reported requesting authorization for Hydromorphone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphon tab 8 mg, 120 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines discourage long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life."The treating physician does document improvement in pain with use of medications, but does not specify which medication. In addition, there is no documentation of the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Hydromorphone is not medically necessary.