

Case Number:	CM15-0063772		
Date Assigned:	04/09/2015	Date of Injury:	12/21/1971
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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:

The injured worker is a 65 year old male, who sustained an industrial injury on 12/21/1979. He has reported subsequent back pain and was diagnosed with chronic pain, lumbar disc displacement and intervertebral disc disorder. Treatment to date has included oral pain medication and surgery. In a progress note dated 01/14/2015, the injured worker complained of intolerable pain. Objective findings were notable for an ataxic gait. A request for authorization of Hydromorphone was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 2mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

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

Decision rationale: Based on the 2/23/15 progress report provided by the treating physician, this patient presents with increased back pain, increased left leg numbness, and difficulty sleeping.

The treater has asked for Hydromorphone 2mg, Unspecified Qty on 2/23/15. The patient's diagnosis per request for authorization form dated 1/29/15, are chronic lumbar and thoracic spine pain with myelopathy. The patient recently sat down heavily in his zero gravity chair and sank down farther than expected, which increased his back pain to an intolerable level, rated 20/10 on VAS scale per 2/23/15 report. The patient states that his back pain has increased beyond his tolerance level despite medications per 2/23/15 report. The patient is s/p spine reconstruction surgery from February 2006, repeat operation with hardware removal from February 2007, and redo operation with further removal of hardware from April 2007 per 1/14/15 report. The 6/24/14 report states that his most recent surgery was a revision of posterior spinal fusion T5 to S1. The patient is currently ambulating with a cane per 2/23/15 report. The patient is currently taking Dilaudid, Docusate, Lomotil, Metformin, Miralax powder, Prilosec, Omeprazole, Promethazine, Valium, and Zolpidem per 2/23/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines pages 88 and 89 states, "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 4As (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. Dilaudid has been included in patient's medications per treater reports dated 6/24/14, 11/24/14 and 2/23/15. In over 8 months of use, the treater has not stated how Dilaudid reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports were included in documentation, and there was no evidence of urine drug screens mentioned. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.