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| Case Number: | CM15-0064889 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 03/30/1989 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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:

The injured worker is a 72 year old female who sustained an industrial injury 3/10/89. The mechanism of injury is unclear. She currently complains of low back and left knee pain. Industrial medications are Celexa, hydromorphone, Strattera, Ambien, Lidoderm Patch 5%, Limbrel, Voltaren gel. Of note, Strattera, Celexa and Voltaren gel have been denied and again requested. Without these medications the injured worker has increased pain, sleep disturbances and decreased energy. Diagnoses include lumbar degenerative disc disease; left knee degenerative joint disease; chronic pain with opioid dependency. Treatments to date include medications, multiple lumbar epidural steroid injections. Diagnostics include x-ray of the lumbar spine (12/11/14) shows disc space narrowing L4-S1; lumbar MRI (no date) abnormal results. In the progress note dated 3/3/15 the treating provider's plan of care include to continue hydromorphone for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone in ME4M 3.5mg #90: 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, in the progress notes provided for review, there was insufficient reporting of functional gains and pain level reduction directly from the use of hydromorphone to help justify its continuation. Also, the request was for 3.5 mg and previous strength requests were for 2.5 mg. This appears to be a mistake, and if not, without an explanation as to why the increase in dosage, it cannot be justified. Therefore, the request for hydromorphone in ME4M 3.5 mg #90 will be considered medically unnecessary at this time.