

Case Number:	CM15-0074750		
Date Assigned:	04/28/2015	Date of Injury:	06/27/1994
Decision Date:	06/09/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, California
 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 (IW) is a 61-year-old male who sustained an industrial injury on 06/27/1994. He reported an injury to the shoulder. The injured worker was diagnosed as having chronic bilateral upper limb pain, and history of multiple upper limb surgeries. Treatment to date has included hydromorphone 4mg every 4 hours as necessary for pain #168 as outpatient. The medication provides him with 40% relief of pain, increasing his tolerance to activities. Currently, the injured worker complains of pain, clicking and occasional catching at the shoulder. Hydromorphone 4 MG Every 4 Hours as necessary for pain #168 as outpatient is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4 MG Every 4 Hours As Necessary for Pain #168 As Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are not considered 1st line for mechanical or compressive etiologies. In addition, Hydromorphone is more often used for intrathecal delivery when other opioid and chronic pain issues. No one opioid is superior to another. There was no mention of failure of lower potency opioids or Tylenol. There was no mention of weaning attempt or response at a lower dose. The claimant had been on Hydromorphone for months. Continued use is not justified and not medically necessary.