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| Case Number: | CM15-0092606 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 04/11/2008 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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 54 year old male, who sustained an industrial injury on 04/11/2008. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having knee pain and osteoarthritis. Treatment and diagnostics to date has included medications. In a progress note dated 04/02/2015, the injured worker presented with complaints of right knee pain and 80% overall pain relief with opioids and improved function. Objective findings include mild tenderness to right knee with improved range of motion. The treating physician reported requesting authorization for Hydromorphone and Embeda and stated they will continue weaning injured worker off opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone HCL 8mg #115: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with right knee pain rated 3-7/10. The request is for Hydromorphone HCL 8MG #115. The request for authorization is not provided. MRI of the lumbar spine, 03/24/15, shows L4/L5: 3 mm disc bulge, L3/L4: 2 mm grade 1 anterolisthesis. CT of the pelvis, 07/24/13, shows probable cellulitis right lower extremity, large effusion at the knees. Physical examination reveals mild tenderness to the right knee without edema. Range of motion is improving. Patient states 80% overall pain relief with medications and also improves his function. Patient displays no evidence of medication misuse. Per progress report dated 04/02/15, the patient is totally temporarily disabled. 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. Per progress report dated 04/02/15, treater's reason for the request is for "severe breakthrough pain." The patient is prescribed Hydromorphone since at least 07/11/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Hydromorphone significantly improves patient's activities of daily living with specific examples of ADL's. Although analgesia is discussed showing significant pain reduction with use of Hydromorphone, no validated instrument has been used to show functional improvement. The treater documents no adverse behavior but no discussion on adverse side effects or lack thereof. A consistent UDS dated 03/11/15, but no CURES or opioid pain contract. Some but not all of the 4A's has been addressed. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.

Embeda 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Embeda.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with right knee pain rated 3-7/10. The request is for EMBEDA 50MG #60. The request for authorization is not provided. MRI of the lumbar spine, 03/24/15, shows L4/L5: 3 mm disc bulge, L3/L4: 2 mm grade 1 anterolisthesis. CT of the pelvis, 07/24/13, shows probable cellulitis right lower extremity, large effusion at the knees. Physical examination reveals mild tenderness to the right knee without edema. Range of motion is improving. Patient states 80% overall pain relief with medications and improves his function. Patient displays no evidence of medication misuse. Per progress report dated 04/02/15, the patient is totally temporarily disabled. 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. Per progress

report dated 04/02/15, treater reason for the request is "We will continue to wean pt off opioid medications. We will [change] MSER to Embeda." The patient has been prescribed Morphine Sulfate ER since at least 07/11/13. In this case, the treater is changing the patient's prescription of Morphine Sulfate ER 60mg to Embeda 50mg. It would also appear the treater is changing to Embeda for its abuse-deterrent feature to help eliminate the potential for abuse. Since this medication is being switched and is the initial prescription for Embeda, the treater has not had an opportunity to document its efficacy. MTUS supports weaning of opiates, and using the least amount. Therefore, the request is medically necessary.