

<b>Case Number:</b>	CM13-0010498		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/26/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 58 year old female who sustained a work related injury on March 26, 2003. The mechanism of injury was not provided. Her diagnoses includes chronic neck pain secondary to cervical degenerative disc disease, cervical radiculopathy, depressive disorder related to chronic pain syndrome, and opioid dependence. On exam there is limited cervical range of motion with limited flexion and extension. She has marked tenderness on palpation of the cervical paraspinal muscles with multiple triggers. There are no reported neurologic abnormalities on exam. Medical treatment included opiates. The treating provider has requested Duragesic 100mcg/hr #15, Dilaudid 8mg # 60, and 8 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF DURAGESIC 100MCG/HR #15: 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 California MTUS Guidelines 2009( pdf format). Page(s): 47, 91-97.

**Decision rationale:** Duragesic ( Fentanyl) is not recommended as a first-line therapy for the treatment of chronic pain. The medication should only be used when pain cannot be managed by

other means. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing high dose opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. Previous evaluations have recommended weaning from the present high level of opioid therapy and a decreased number of Duragesic patches were approved (#11). Medical necessity for Duragesic 100 mcg/hr # 15 has not been established. The requested treatment is not medically necessary.

### **1 PRESCRIPTION OF DILAUDID 8MG #60: 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 esCalifornia Guidelines MTUS 2009 (pdf format) Page(s): 80, 81, 92.

**Decision rationale:** Hydromorphone, is a very potent centrally acting analgesic drug of the opioid class. It is a derivative of morphine. The literature indicates that in chronic pain analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Opioid therapy for pain control should not exceed a period of 2 weeks and should be reserved for moderate to severe pain. The failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The guidelines recommend short term opiate use for acute pain, longer term use contingent upon ongoing functional improvement. The documentation provided indicates that there is no increased function noted with this extended opiate use therefore, continuation is not medically appropriate. Medical necessity for the requested Dilaudid 8mg # 60 has not been established. The requested treatment is not medically necessary.

### **8 SESSIONS OF ACUPUNCTURE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The documentatioin indicates that acupuncture therapy is medically necessary but only intially for a total of 6 treatments. Acupuncture, per the reviewed guidelines,

is indicated in all regions other than the shoulder and has benefit in the treatment of chronic neck pain with radiculopathy. Prior therapy with chiropractic and physical therapy proved unsuccessful. The recommended frequency is 1-3 times per week for 1-2 months. Functional improvement must be seen within three to six treatments, meaning a clinically significant improvement in the patient's activities of daily living. Should functional improvement be evident, additional sessions may be warranted. Medical necessity for the requested 8 sessions of acupuncture has not been established. The requested treatment is not medically necessary.