MAXIMUS Federal Services

| Case Number: | CM13-0017161 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 04/13/1999 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Arizona. 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 physician 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 patient is a 63 year old female with date of injury of 04/13/1999. The patient has been treated for chronic low back pain. Diagnoses include postlaminectomy syndrome, fracture vertebrae, chronic pain syndrome, and disorder of sacrum. Medications include Zanaflex, Lidoderm, Nexium, Nucynta, Neurontin, Dilaudid, Baclofen, Miralax, and Morphine sulfate IR. Records note an attempt to rotate narcotics to avoid constipation and urinary incontinence, thus discontinuing oxycodone and adding morphine sulfate. Subjective complaints are chronic low back pain now radiating to the upper back and bilateral lower extremities that is exacerbated by prolonged or repetitive reaching with upper extremities. Notes show patient attempts home exercise that is often mitigated by pain, and that patient's opioid use has been stable and has helped with her persistent pain. Narcotic refills were noted to be stable, and Dilaudid was used for breakthrough pain on average twice a day. Attempts to wean from medications were not tolerated. Medical provider notes that the patient demonstrated increased activity and functionality on opiate therapy. Objective improvement is noted by her being able to do light exercise at home and go for walks. Objective finding on exam are sparse from office visits, identifying a patient in no distress that ambulates with a walker, without noted exam of back or lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Guidelines for chronic back pain indicate that while opioid therapy can be efficacious it is limited to short term pain relief and long term efficacy (>16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Dilaudid was taken for breakthrough pain only, with prior unsuccessful attempts to wean medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.