

Case Number:	CM13-0048602		
Date Assigned:	12/27/2013	Date of Injury:	09/28/2006
Decision Date:	08/08/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/06/2013

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 Texas. 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 injured worker is a 76 year old male who sustained an injury on 09/28/06. No specific mechanism of injury was noted. The injured worker has been followed for a continuing history of chronic low back pain. Prior treatment has included multiple lumbar surgical procedures to include a laminectomy at L2-3 followed by a lumbar fusion in 2009. The injured worker has undergone multiple injections and has received several medications for ongoing chronic pain. This did include a substantial amount of narcotics use to include Percocet, Norco, and Oxycodone. The records did contain several urine drug screen reports that had noted inconsistencies in regards to opioid medications. This included the use of Oxymorphone. Urine drug screen findings from 08/21/13 did note inconsistent results as Oxycodone was not detected. The injured worker was seen on 09/05/13 with continuing complaints of low back pain radiating to the bilateral hips and the lower extremities. The injured worker described mild headaches and severe nausea secondary to a stomach virus. The injured worker noted over taking Percocet. With medications, the injured worker's pain score was reduced from 10 to 8/10 on the visual analogue scale (VAS). No specific physical examination findings outside of vital signs were noted. The injured worker was recommended to discontinue Percocet at this evaluation and start on Dilaudid. The injured worker was prescribed Dilaudid 4mg 2 tablets taken every 8 hours. Norco 10/325mg 2 tablets every 8 hours were also continued. The injured worker was also prescribed an anti-inflammatory topical ointment in addition to oral anti-inflammatories at this evaluation. There was a note from 09/12/13 indicating that the injured worker had insufficient relief with the use of Dilaudid at 4mg 2 tablets every 8 hours. The injured worker indicated he was utilizing 8mg every 3-4 hours or 12mg at one time which controlled pain up to 7 hours. The injured worker was recommended to increase Dilaudid to 12mg every 8 hours. Follow up on 09/19/13 noted reduction of pain from 10 to 6/10 on the VAS with medications. The injured

worker felt he was doing better at 12mg Dilaudid 3 times daily. The injured worker felt that medications did allow him to be more functional; however, the injured worker described more pain with activity. Physical examination was still limited to vital signs only. Dilaudid was continued at this evaluation as well as topical anti-inflammatory ointments and oral non-steroidal anti-inflammatory medications (NSAIDs). Follow up on 10/10/13 noted no change in the amount of pain obtained with the use of Dilaudid. The injured worker did feel that he was functional with the use of Dilaudid. Physical examination findings were still limited to vital signs only. The injured worker was denied a functional restoration program. The injured worker was recommended for the program and continued on Dilaudid at 12mg every 8 hours. The anti-inflammatory ointment was discontinued at this evaluation and the injured worker was continued on oral anti-inflammatories. Urine drug screen report from 11/08/13 noted inconsistent results as the injured worker had positive findings for both Hydrocodone and Hydromorphone. Follow up on 10/23/13 noted that the injured worker was having side effects from Dilaudid to include blurry vision. The injured worker indicated that he felt he was taking too much of the medication due to the lack of benefit. The injured worker's pain scores were 9/10 on the visual analogue scale (VAS) with medications. Physical examination was again limited to vital signs. The report indicated that there signs of sedation due to the use of Dilaudid. The recommendation was for discontinuation of Dilaudid in favor of Percocet at 10/325mg every 6 hours. Voltaren was also discontinued at this evaluation. The injured worker was started on a Ketoprofen topical ointment. The injured worker returned for follow up on 11/19/13 indicating that the injured worker had increasing low back pain as well as limited ability to ambulate. The injured worker felt that Dilaudid had provided better benefit in terms of duration of pain relief and there was a request to resume Dilaudid. Pain scores were 5/10 on the visual analogue scale (VAS) with medications. Physical examination was still limited to vital signs. The injured worker was prescribed Lyrica at this evaluation and instructed to resume Dilaudid at 12mg every 6 hours. Percocet was discontinued along with Gabapentin. The Ketoprofen topical ointment was refilled at this evaluation. It is noted that the injured worker was continually recommended for a functional restoration program to help facilitate weaning from narcotic medications due to the long term use of opiates. The requested Dilaudid 4mg, quantity 90, Dilaudid 8mg, quantity 90, and Ketoflex ointment were all denied by utilization review on 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 4 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The request for Dilaudid 4mg is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. It is clear from the clinical documentation that the injured worker has not obtained any substantial pain relief or functional improvement with the continued use of Dilaudid. There are several

inconsistencies in the urine drug screen from October of 2013. The injured worker still has positive findings for Hydrocodone, although this is not being prescribed. This was never addressed in the clinical documentation. The injured worker does report varying levels of pain relief with the use of Dilaudid; however, there is a substantial amount of Dilaudid being prescribed to the injured worker, well over the 100mg MED limit recommended by guidelines. It is noted that the injured worker has been recommended several times for a functional restoration program to help wean the injured worker off of narcotics. In this reviewer's opinion, the injured worker most likely needs rapid inpatient detoxification from narcotics to make any head way in regards to medication reduction. Given the very limited evidence regarding overall functional improvement with the continued use of Dilaudid, the excessive amount of narcotics being prescribed to the injured worker, and the inconsistent urine drug screen results for narcotics, this request is not medically necessary.

DILAUDID 8 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The request for Dilaudid 8mg, quantity 90, is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. It is clear from the clinical documentation that the injured worker has not obtained any substantial pain relief or functional improvement with the continued use of Dilaudid. The clinical documentation does note several inconsistencies in urine drug screen reports as recently as October of 2013. The injured worker still has positive findings for Hydrocodone, although this is not being prescribed. This was never addressed in the clinical documentation. The injured worker does report varying levels of pain relief with the use of Dilaudid; however, there is a substantial amount of Dilaudid being prescribed to the injured worker, well over the 100mg MED limit recommended by guidelines. It is noted that the injured worker has been recommended several times for a functional restoration program to help wean the injured worker off of narcotics. In this reviewer's opinion, the injured worker most likely needs rapid inpatient detoxification from narcotics to make any head way in regards to medication reduction. Given the very limited evidence regarding overall functional improvement with the continued use of Dilaudid, the excessive amount of narcotics being prescribed to the injured worker, and the inconsistent urine drug screen results for narcotics, this request is not medically necessary.

KETOFLEX OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the request for Ketoflex ointment, this reviewer would not have recommended this topical medication as medically necessary. The injured worker was started on this topical anti-inflammatory in October of 2013 after oral Voltaren was discontinued. There is no indication from the clinical reports that the injured worker obtained any substantial benefit from the use of this topical anti-inflammatory to warrant its ongoing use. Therefore, this request is not medically necessary.