

<b>Case Number:</b>	CM13-0059046		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/09/1996
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 46-year-old female with a 1/9/1996 industrial injury claim. She has been diagnosed with cervical radiculopathy; cervical facet arthropathy; and exacerbation of complex regional pain syndrome (CRPS) of the right upper extremity; CRPS responding to therapy. According to the 11/15/13 pain management note from [REDACTED], the patient presents with neck pain, improved with Exalgo, and she is pleased with the outcome and only needs one to two (1-2) Dilaudid for breakthrough pain. She takes Dilaudid 4mg, one to two (1-2) every hour, as needed, one to two (1-2) per day; Exalgo 8mg every day, ibuprofen 800mg two (2) per day; Lidoderm; Keflex, Topamax 75mg at bedtime, acyclovir, and Amrix 14mg. On 11/19/13, the utilization reviewer (UR) modified the request for Dilaudid 2mg #120 with five (5) refills, to allow the Dilaudid #120 without the refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRESCRIPTION OF DILAUDID 2MG #120, WITH FIVE (5) REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, LONG-TERM ASSESSMENT AND HYDROMORPHONE (DILAUDID, GENERIC AVAILABLE) Page(s): 88-89, 93.

**Decision rationale:** According to the 11/15/13 pain management note from the treating provider, the patient presents with chronic neck pain, improved with Exalgo, and she is pleased with the outcome and only needs one to two (1-2) Dilaudid for breakthrough pain. The treating provider changed the Dilaudid from 4mg to 2mg tablets and recommends five (5) refills, estimating that the patient will need to be on these for six (6) months. On the prior report, dated 10/8/13 the physician changed from Exalgo 16mg to 8mg. The Chronic Pain Guidelines indicate that there is no set visit frequency for follow-up visits for medication management, but "This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months." It would appear that the physician does follow-up visits monthly when he changes the medications, to assess efficacy, as on 10/8/13 and during a follow-up on 11/15/13. He again changed the dosage of medications, by decreasing the strength of Dilaudid from 4mg to 2mg. A one-month follow-up for reporting of efficacy appears appropriate. The physician is in the process of tailoring the medication to the patient, but it is not known how the patient will respond to the decrease in strength and frequency of Dilaudid. The guidelines also indicate that for long-term use of opioids, the physician should "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The request for five (5) refills may or may not allow for the physician evaluation and reporting requirements. Continued use of the Dilaudid without documentation of pain or improvement in function would not in accordance with guidelines. Therefore, the request for five (5) refills does not appear to be in accordance with guidelines.