

<b>Case Number:</b>	CM14-0150413		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/20/1983
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 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:

Medical records reflect the claimant is a 65 year old male who sustained a work injury on 7-20-83. Office visit on 8-12-14 notes the claimant was three weeks postop from his bilateral L3-L4 foraminal decompression. He was on significant amount of medications prior to the surgery and has had a total of 3 back surgeries. Office visit from 8-27-14 notes the claimant has been on Dilaudid for years and his dose has gradually gone up. He has developed tolerance to this medication. At the present time his dose requirement is for his postop pain. Six tabs a day of 8 mg of Dilaudid recommended. The claimant reports that medications provide 50-60% improvement in his pain and allow him to function with is ADL's and allow him to sleep better. He has not yet been released to physical therapy. The plan is to consider switching him to Suboxone for maintenance therapy once he is stable postop.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg 1 tablet q 4 hours, prn for 28 days, #168:** Overturned

**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 Opioids Page(s): 74-96.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). This claimant has been on this medication for some time and had a recent surgery. The claimant reported 50-60% improvement with the use of this medication. No side effects noted. Based on the records provided, the use of this medication is reasonable, particularly since he was 3 weeks postop.

**Subsys 800 mcg/spray, 1 dose twice a day, prn for 30 days, dispense 60 sprays:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Subsys

**Decision rationale:** ODG notes that Subsys is not recommended for musculoskeletal pain. FDA has approved Subsys fentanyl sublingual spray, from [REDACTED], only for breakthrough cancer pain. This claimant was three weeks postop from his L3-L4 decompression. His condition is not one of cancer. Therefore, the medical necessity for the use of this medication is not established as medically necessary.