

Case Number:	CM14-0182286		
Date Assigned:	11/07/2014	Date of Injury:	07/05/2000
Decision Date:	12/11/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 & 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 50 year old female with an injury date of 07/05/00. Based on 08/27/14 progress report provided by [REDACTED], the patient is experiencing burning and swelling with some discoloration in the lower back. The pain is shooting down to both the legs in the setting of complex regional pain syndrome. Patient also has pain in the left arm and swelling in the hands. She rates her pain as 9/10 without medications and 5/10 with them. Physical examination of the musculoskeletal system reveals some tenderness across the lumbosacral area with about 35% restriction of lumbar flexion and extension. There is tenderness and hypersensitivity with allodynia component on palpation and light touch of the lower extremities. Progress report dated 11/21/13 provided by [REDACTED] reveals exacerbated pain with emotional loss. Patient underwent right knee arthroscopy in 10/00, as per progress report dated 08/27/14. Latest medications, as per the same report, include Dilaudid, Methadone, Cymbalta, Benicar, Elavil, Rizatriptan, and Lidoderm patch. Progress report dated 11/21/15 stated TENS unit for legs and lumbar region was helpful along with Lidoderm patches. MRI of the wrist on 05/20/11, as per report dated 11/21/13 indicated: Chronic, degenerative changes at TFCC. MRI of the lumbar region on 05/05/06, as per report dated 11/21/13 indicated: Lumbar spondylitis at L5-S1. Diagnosis, 08/27/14: Complex regional pain syndrome associated with bilateral lower extremity and left upper extremity, chronic low back pain and osteoporosis [REDACTED] is requesting for Dilaudid 4mg # 90 and Norco 10/325mg #60 with 3 refills. The utilization review determination being challenged is dated 10/22/14. The rationale indicates there had been no documentation of objective measurable functional improvement from the use throughout the records. Therefore, weaning of Dilaudid is recommended and the request has been modified to 1 prescription of Dilaudid up to #61, the remaining #29 is denied. Pertaining to Norco 10/325mg

#60 with 3 refills, starting the patient on a new opioid is not appropriate as the patient is to be weaned off her opioid therapy at this time. Treatment reports were provided from 08/27/14 - 10/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #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 CRITERIA FOR USE OF OPIOIDS Page(s): 88,89 76-78.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines on page 83 also state that stronger opioids such as Hydromorphone (Dilaudid) are recommended in osteoporosis patients for the treatment of severe pain under exceptional circumstances. The guidelines on page 75 also list Dilaudid as short-tem. In this case; the progress reports do not specifically discuss how Dilaudid reduces pain and promotes activities of daily living in the patient. The four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior. There is no mention of other reasonable alternatives to this treatment. The recommendation is for denial.

Norco 10/325mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88-89 76-78.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the progress reports do not specifically discuss how Norco will reduce pain and promote activities of daily living in the patient. The four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior. There is no mention of other

reasonable alternatives to this treatment. There is no documentation of urine drug screening as well. The recommendation is for denial.