

<b>Case Number:</b>	CM14-0034644		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/16/2005
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Orthopedic Surgery 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:

This 49-year-old female sustained an industrial injury 10/16/05. Past medical history was positive for left shoulder arthroscopic surgery x 2, and recurrent abdominal hernias. Records indicated the patient had previously undergone narcotic detoxification but developed a bipolar type disorder with poor pain control. She had chronic neck, back, and left shoulder pain. The 1/29/14 treating physician report documented an emergency drop in visit as the patient had her money, Dilaudid and Norco stolen. The patient was taking Dilaudid 4 mg, 6 per day, and Norco for pain with increased activities. The patient needed an additional prescription to avoid more serious withdrawal. Her associated mood disorder was fairly well controlled, as long as there is baseline pain control. The treating physician documented intent to reduce her pain medicines and opiates, however efforts have been limited and he was considering transition to Exalgo. A trial of methadone had agitated her and was discontinued. She was the primary caregiver for her son, who was a C7 quadriplegic. Physical exam findings documented upper back/neck tenderness and cervical paravertebral, trapezius, intrascapular, and lumbar paravertebral muscle spasms. Trigger point injections were performed. Dilaudid 4 mg, total of #111 was prescribed. She was also given and injection of Phenergan 25 mg. The 3/4/14 utilization review partially certified the request for Dilaudid 4 mg #111 to Dilaudid 4 mg #34 given an absence of quantifiable pain and functional improvement with the use of opioids. Prior weaning had been recommended and the partial certification allowed for continued weaning. Trigger point injections were denied as clinical documentation was not congruent with guidelines recommendations relative to duration of findings, twitch response, and referred pain. There was no documented failure of conservative management. The 3/13/14 treating physician report indicated the patient had been using Dilaudid 4 mg, 6 a day. She was also taking Norco for flare-ups, Amrix for pain and spasms, and Bystolic to help her "wind up" symptoms. Pain ranged from 3-9/10 depending on activity level. She was

able to get out and be more functional with opiates. She was authorized to see a neurologist to evolve her medication regime for chronic pain. Dilaudid 4 mg #76 for 2 weeks was refilled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Dilaudid 4 MG Quantity 111: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydromorphone (Dilaudid) Page(s): 76-80, 93.

**Decision rationale:** Under consideration is a request for Dilaudid 4 mg #111. The California MTUS supports the use of opioids, such as hydromorphone (Dilaudid), for chronic pain. Guidelines indicate that respiratory depression and apnea are of major concern with the use of this medication. Guidelines indicate that rather than simply focusing on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Indicators and predictors of possible misuse include reports of lost or stolen prescriptions and multiple additional visits/requests for prescriptions. There are repeated notations in the record of intent to wean the short-acting opioid medication but there is no clear action plan, except a possible transition to Exalgo which is also hydromorphone. Multiple additional visits or telephone requests for medications are noted. A neurology visit was reportedly authorized to evolve her medication regime. Prior utilization reviews have recommended weaning with medications certified consistent with guidelines. There is no specific functional improvement documented with medications, beyond improved mood control. Pain levels reportedly fluctuate with activity. There is no compelling reason to support the medical necessity of additional medication beyond that previously certified. Therefore, this request for Dilaudid 4 mg #111 is not medically necessary.

#### **Five Trigger Point Injections: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** Under consideration is a request for 5 trigger point injections, performed on 1/29/14. The California MTUS recommends trigger point injections only for myofascial pain syndrome with limited lasting value and do not recommend them for typical back or neck pain. Specific criteria for the use of trigger point injections must include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, persistent symptoms for more than 3 months, and failure of medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants

to control pain. Repeat injections are not recommended unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Frequency should not be at an interval less than two months. Guideline criteria have not been met. Records indicate that trigger point injections were provided one month prior with no duration of benefit documented. Clinical exam findings did not document palpation of a twitch response, or referred pain. Muscle relaxants were reported as effective. Therefore, this request for 5 trigger point injections is not medically necessary.