

<b>Case Number:</b>	CM14-0036423		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Occupational 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 51 year old male who sustained an injury on 03/31/98. No specific mechanism of injury was noted. The injured worker has been followed for chronic complaints of low back pain radiating to the lower extremities with associated numbness. Prior treatment has included lumbar radiofrequency ablations in the lumbar spine which did provide some relief. Overall the injured worker pain scores were 8/10 on the visual analogue scale (VAS) as of 01/14/14. At this evaluation, the injured worker was utilizing Fentanyl sublingual tablets 200mcg twice daily, Baclofen 10mg twice daily, Celebrex 200mg twice daily, Cymbalta 60mg twice daily, Dilaudid 4mg twice daily, a Fentanyl 25mcg per hour patch changed every 72 hours, and Tramadol 100mg at night. The injured worker demonstrated limited range of motion in the lumbar spine. Medications were continued at this evaluation. Follow up on 02/11/14 noted continuing severe pain 8-9/10 on the VAS. Medications were reported to be helpful, however no specifics were given. Medication regiment had not changed and the injured worker physical exam findings reported no new issues. There were recommendations to consider further radiofrequency ablation procedures. Follow up on 03/11/14 noted no change in the injured worker pain scores. The injured worker did indicate that Fentanyl sublingual tablets were helping him to function. Again, no specifics were given. Medication regiment was unchanged and physical exam findings remain unchanged. The requested Dilaudid 4mg #60 prescribed on 01/14/14 and Abstral 20mcg #30 prescribed on 01/14/14 were denied by utilization review on 02/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Dilaudid 4mg #60 DOS 01/14/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

**Decision rationale:** The injured worker is taking a substantial amount of narcotic medications greatly exceeding the 120mg per day maximum recommended by guidelines. The injured worker is currently well over 200mg of narcotics per day and morphine equivalent dose. The documentation provided for review did not specifically identify functional benefits or pain reduction obtained with the use of narcotic medications. The injured worker pain scores were still elevated to severe levels 8-9/10 on the visual analogue scale (VAS). No specific functional benefits were discussed in the clinical records with the use of this amount of narcotic medications. Given the lack of any clear evidence of functional improvement or pain reduction; the requested Dilaudid would not meet guideline recommendations for continuing use. Per guidelines, there should be ongoing assessments establishing functional benefit and specific pain reduction with the use of narcotic medications. Furthermore, the clinical documentations did not contain any recent urinary drug screen findings or rather toxicology results for compliance which would be indicated given the substantial amount of narcotics being provided for the injured worker. As such, the request for Dilaudid 4mg #60, is not medically necessary.

**Retro: Abstral 200 ugm #32 DOS 01/14/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

**Decision rationale:** The injured worker is taking a substantial amount of narcotic medications greatly exceeding the 120mg per day maximum recommended by guidelines. The injured worker is currently well over 200mg of narcotics per day and morphine equivalent dose. The documentation provided for review did not specifically identify functional benefits or pain reduction obtained with the use of narcotic medications. The injured worker pain scores were still elevated to severe levels 8-9/10 on the visual analogue scale (VAS). No specific functional benefits were discussed in the clinical records with the use of this amount of narcotic medications. Given the lack of any clear evidence of functional improvement or pain reduction the requested Abstral would not meet guideline recommendations for continuing use. Per guidelines, there should be ongoing assessments establishing functional benefit and specific pain reduction with the use of narcotic medications. Furthermore, the clinical documentations did not contain any recent urinary drug screen findings or rather toxicology results for compliance which would be indicated given the substantial amount of narcotics being provided for the injured

worker. In regards to the request for Abstral 200ugm quantity 32 prescribed on 01/14/14, this reviewer would not have recommended this medication as medically necessary.