

<b>Case Number:</b>	CM14-0076096		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on June 20, 2003. She was diagnosed with cervical disc disease with radiculopathy (status post decompression, fusion and removal of hardware), right shoulder pain (status post arthroscopic glenohumeral capsular release and synovectomy), lumbar disc herniation with foraminal stenosis and radiculopathy, right greater trochanteric bursitis, right shoulder supraspinatus tendinosis, subacromial bursitis, and long head biceps tendinosis. She was treated with sleep aids, opioids, benzodiazepines, anti-convulsants, psychotherapy, surgery and physical therapy. On April 01, 2014, the worker was seen by her pain specialist for an initial transfer of medical management complaining of chronic right shoulder, lumbar, and neck pain despite the surgeries, and required a significant amount of medication (Dilaudid, Exalgo, Ultram, Lunesta, Xanax, and omeprazole) to control her symptoms. Without medications, she reported that she would be bedbound. Her pain level was rated at 10/10 on the pain scale. She was recommended to discontinue her omeprazole and continue her other medications, follow through with physical therapy, and receive a cervical nerve root block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid (8mg, 1 by mouth every 6 hours as needed for breakthrough pain): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the Chronic Pain Guidelines recommend that dosing of opioids not exceed 120mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, she has been using these opioid medications (Dilaudid, Exalgo ER, and Tramadol) chronically with a reported benefit. Unfortunately, the reports of benefit from these medications are not clear, nor specific enough in regards to function and pain-lowering benefits from these medications. Her pain level was rated at 10/10 at her office visit with the use of her medications. Her total daily MED (if using all of her prescribed medications) is 228, which is far beyond what is typically recommended. The benefit of these medications may be low considering the potential risks of continuing them. A wean may be in order. Considering these items, the request is not medically necessary.

**Ultram (50mg, 1 by mouth every day, #60):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the Chronic Pain Guidelines recommend that dosing of opioids not exceed 120mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, she has been using these opioid medications (Dilaudid, Exalgo ER, and Tramadol) chronically

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**Exalgo ER (16mg, 1 by mouth every day, #30): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the Chronic Pain Guidelines recommend that dosing of opioids not exceed 120mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, she has been using these opioid medications (Dilaudid, Exalgo ER, and Tramadol) chronically with a reported benefit. Unfortunately, the reports of benefit from these medications are not clear, nor specific enough in regards to function and pain-lowering benefits from these medications. Her pain level was rated at 10/10 at her office visit with the use of her medications. Her total daily MED (if using all of her prescribed medications) is 228, which is far beyond what is typically recommended. The benefit of these medications may be low considering the potential risks of continuing them. A wean may be in order. Considering these items, the request is not medically necessary.