

Case Number:	CM14-0089583		
Date Assigned:	09/10/2014	Date of Injury:	08/14/2003
Decision Date:	10/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 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:

Progress report dated 07/23/2014 indicates the patient presented with complaints of severe pain with spasms and cramps. The pain radiated down both legs from the buttocks and posterior thigh. She rated her pain as 5/10 at its best and 10/10 at its worst. She reported 50% functional improvement with her pain medications as she can perform certain activities of daily living. She has been using Dilaudid for pain and Ativan for anxiety, insomnia and muscle spasms. Objective findings on exam revealed limited range of motion of the lumbar spine with forward flexion to 30 degrees; extension to 10 degrees; right and left straight leg raise at 80 degrees causing right-sided back pain that radiates in the right buttock and posterior thigh. There is muscle spasm in the lumbar trunk with loss of lordotic curvature with antalgic. She is diagnosed with back pain and muscle spasms, bilateral leg pain, neuropathic pain and leg cramps. The patient was noted to have intermittent nausea but is controlled with Phenergan and Zofran. The patient's medications were refilled including Dilaudid 4 mg, Ativan 2 mg, Pristiq 50 mg, and Latuda samples were given for depression. Prior utilization review dated 06/04/2014 states the request for 1 Dilaudid 2mg with Phenergan 25mg Injection DOS: 05/21/2014 is denied as it is not indicated for chronic pain or neuropathic pain; Dilaudid 4mg #120 is modified to certify Dilaudid 4 mg #45 to allow for weaning; Ativan 1mg #30 is denied as benzodiazepines are not recommended for first line therapy use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Dilaudid 2mg with Phenergan 25mg Injection DOS: 05/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Phenergan

Decision rationale: Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. ODG: Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use. The patient was administered an injection of Dilaudid and Phenergan. In general, opioid injections are of temporary benefit, and should be reserved for acute severe pain situations. In addition, Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use. The patient has been treating for a chronic back pain condition. An injection of Dilaudid and Phenergan is not supported by the guidelines and is not appropriate or medically necessary.

Dilaudid 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. According to the CA MTUS guidelines, opioids are indicated for moderate to moderately severe pain. Dilaudid, "short-acting opioid" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. The patient complains of severe pain, rated 5/10 to 10/10. Objective documentation substantiating moderate to severe pain is not established. In addition, the medical records do not establish this patient obtained clinically significant pain

relief with medications. Consequently, in the absence of documented pain relief, opioids should not be continued. Given these factors, the medical necessity of Diluadid has not been established. Therefore the request is not medically necessary.

Ativan 1mg #30: Upheld

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 Benzodiazepine Page(s): 24.

Decision rationale: According to the guidelines, Ativan (lorazepam) is not recommended. With benzodiazepines, there is risk of dependence, addiction, and it is a major cause of overdose. Other medications are recommended and considered appropriate for the treatment of symptoms of anxiety and depression. The medical records do not provide a viable rationale as to establish prescription of a medication that carries significant risk and is not recommended under the evidence-based guidelines. Therefore the request is not medically necessary.