

Case Number:	CM14-0199015		
Date Assigned:	12/08/2014	Date of Injury:	11/15/2002
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 injured worker is a 52-year-old male with a cumulative injury dating from May 23, 2001 through November 15, 2002. The diagnoses include cervical facet arthropathy, cervicogenic headaches, migraine headaches, and history of cervical fusion surgery C5-C7 in 1997. The injured worker complains of ongoing neck pain with headaches frequently associated with nausea and vomiting. The injured worker has had an occipital nerve stimulator placed with a variable efficacy. The injured worker has been prescribed a variety of high-dose opioids most recently including Duragesic patches, Dilaudid 8 mg, #120, and Oxycodone 30 mg, #180. The treating physician describes ongoing difficulty having medication authorized and therefore the strategy has been to combine the Duragesic patches with either the Dilaudid or the Oxycodone for short-acting opioid relief. The treating physician states that the injured worker's usual pain levels are 4-5/10 with medication and 10/10 without medication. However, the record reflects that the pain levels reported to the treating physician in the office generally range from 7-10/10. Without medication the injured worker is unable to do anything except lie in bed. With the medication he is able to care for himself, the home, and his farm. The physical examination has revealed diminished cervical range of motion and tenderness the palpation of the lumbar spine at the facet joints. There is also diminished lumbar range of motion. At issue is a request for refills of the Dilaudid 8 mg, #120, and Oxycodone 30 mg, #180. The utilization review physician recently modified the number of Dilaudid to #80 and did not certify the Oxycodone on the basis that there is no demonstrable improvement in functionality as a consequence of the opioids. Also, it was felt that the short-acting opioids were being utilized for migraine headaches, with opioids generally not being recommended for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Dilaudid 8 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Functional improvement measures

Decision rationale: Patients requiring opioids chronically should have ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if it can be demonstrated that there is in fact pain relief and improvements in functionality as a consequence of the medication. Pain scores should be assessed with every visit and functionality should be numerically rated every 6 months and compared with baseline. There are a variety of detailed tools available to measure functional improvement outcomes. Official Disability Guidelines recommends using quantifiable tools to measure outcomes other than relying only on subjective measures, such as pain. In this instance, it appears that the short-acting opioids Oxycodone and Dilaudid are in fact being utilized for migraine headaches. However, they do not appear to be effective for migraine headaches in this instance. Emergency room records for this injured worker demonstrate that the injured worker has presented for migraine headache relief in spite of having taken both of those medications. Pain levels are generally 7/10 or higher with each office visit. Additionally, there appears to be no functional assessment scoring in terms of a baseline or periodically where this injured worker is concerned. A review of the medical records submitted dating back to 2012 does not seem to demonstrate pain scores which indicate that the short-acting opioids have been effective. A reduced quantity of the requested Dilaudid was certified previously by the Utilization Review physician. Therefore, Dilaudid 8 mg # 120 is not medically necessary per the referenced guidelines.

One prescription of Oxycodone 30 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Functional improvement measures

Decision rationale: Patients requiring opioids chronically should have ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if it can be demonstrated that there is in fact pain relief and improvements in functionality as a consequence of the medication. Pain scores should be assessed with every visit and functionality should be numerically rated every 6 months and compared with baseline. There are a variety of detailed tools available to measure functional

improvement outcomes. Official Disability Guidelines recommends using quantifiable tools to measure outcomes other than relying only on subjective measures, such as pain. In this instance, it appears that the short-acting opioids Oxycodone and Dilaudid are in fact being utilized for migraine headaches. However, they do not appear to be effective for migraine headaches in this instance. Emergency room records for this injured worker demonstrate that the injured worker has presented for migraine headache relief in spite of having taken both of those medications. Pain levels are generally 7/10 or higher with each office visit. Additionally, there appears to be no functional assessment scoring in terms of a baseline or periodically where this injured worker is concerned. A review of the medical records submitted dating back to 2012 does not seem to demonstrate pain scores which indicate that the short-acting opioids have been effective. A reduced quantity of the requested Dilaudid was certified previously by the Utilization Review physician. The treating physician has indicated that 2 or 3 short-acting opioids have been utilized because of the uncertainties of getting those approved by Workmen's Compensation. There are clear instances from the record wherein injured worker was taking both short-acting opioids Oxycodone and Dilaudid and yet continue to have high pain scores without evidence of improved functionality. There have been instances where the injured worker has been taking these medications and Hydrocodone simultaneously. The Utilization Review physician did not certify the Oxycodone on the basis that evidence of improved functionality and pain relief was lacking with any of the short-acting opioids. That decision seems consistent with the referenced guidelines. Therefore, Oxycodone 30 mg # 180 is not medically necessary.