MAXIMUS Federal Services

| Case Number: | CM15-0100638 | | |
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| Date Assigned: | 06/03/2015 | Date of Injury: | 11/17/2000 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 an 82 year old female, who sustained an industrial injury on November 17, 2000. The mechanism of injury was not provided. The injured worker has been treated for neck and low back complaints. The diagnoses have included chronic low back pain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar spinal stenosis, lumbar facet arthropathy, lumbar post-laminectomy syndrome, bilateral sacroiliac joint pain, spondylisthesis, osteoarthritis of the bilateral hands, chronic neck pain, post-cervical spine surgery syndrome and cervical radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, injections, carpal tunnel release and multiple back surgeries. Current documentation dated March 20, 2015 notes that the injured worker reported consistent low back pain. Examination of the lumbar spine revealed generalized achiness. The injured worker ambulated with a mildly antalgic gait in the stooped forward position. The injured worker noted that the medications Exalgo and Dilaudid improved her pain level by fifty percent. The treating physician's plan of care included a request for the medications Dilaudid 4 mg (unknown quantity) and Exalgo 12 mg (unknown quantity).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg quantity unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for neck and upper extremity pain. Medications are referenced as decreasing pain by up to 75% with improved function. When seen, she was having left upper extremity electrical shooting sensation and had bilateral upper extremity numbness. She was having less hand mobility and function. There was decreased cervical range of motion and muscle and facet tenderness. Spurling's testing was positive. There was right hand edema and tenderness. Exalgo and Dilaudid were prescribed at a total MED (morphine equivalent dose) of 160 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing of Dilaudid at this dose was not medically necessary.

**Exalgo 12mg quantity unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for neck and upper extremity pain. Medications are referenced as decreasing pain by up to 75% with improved function. When seen, she was having left upper extremity electrical shooting sensation and had bilateral upper extremity numbness. She was having less hand mobility and function. There was decreased cervical range of motion and muscle and facet tenderness. Spurling's testing was positive. There was right hand edema and tenderness. Exalgo and Dilaudid were prescribed at a total MED (morphine equivalent dose) of 160 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing of Dilaudid at this dose was not medically necessary.