

<b>Case Number:</b>	CM15-0100732		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/15/2000
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 61 year old male, who sustained an industrial injury on 7/15/00. He reported neck and back injury along with a right fractured ankle following a fall from scaffolding. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, strain/sprain of right shoulder and impingement syndrome, strain/sprain and impinge syndrome of left shoulder, status post cervical fusion, (HNP) herniated nucleus pulposus lumbar spine with right sided radiculopathy, degenerative joint disease of right and left knee, open reduction internal fixation of left ankle, status post left carpal tunnel release, status post lumbar fusion and bilateral trochanteric bursitis secondary to lumbar fusion. Treatment to date has included lumbar fusion, pain management, cortisone injections, oral medications including Norco and dilaudid, physical therapy and home exercise program. (MRI) magnetic resonance imaging of right knee was performed on 4/8/14 and (MRI) magnetic resonance imaging of right hip was performed on 4/1/14. Currently, the injured worker complains of bilateral hip pain rated 10/10, neck pain with radiation down upper back and bilateral shoulder pain rated 8/10. He is not currently working. Physical exam noted tenderness over the lower lumbar spine with flattening and spasm, tenderness over the right and left greater trochanter, slow gait and restricted lumbar range of motion. A request for authorization was submitted for Norco 7.5-325mg #150 and Dilaudid 2 mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users of Opioids (6-Months or More), Opioids, Specific Drug List, Hydrocodone/Acetaminophen, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 7.5/325mg, #150 is not medically necessary.

**Dilaudid 2mg, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Hydromorphone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. "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 MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing

review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear evidence and documentation from the patient's file, for a need for more narcotic medications. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no evidence of pain breakthrough. There is no clear documentation of the efficacy/safety of previous use of opioids. Therefore, the prescription of Dilaudid 2mg #150 is not medically necessary.