

<b>Case Number:</b>	CM15-0017876		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old male, who sustained a work/ industrial injury on 2/17/06 with lifting a heavy object. He has reported symptoms of low back pain and right lower extremity pain. Pain was rated 7/10. Prior medical history included three prior back surgeries with the first being in 1995, 2006, and 2012 (laminectomies). The diagnosis was low back pain due to degenerative disc disease of the lumbar spine and failed back surgery syndrome. Treatments to date included medication, epidural steroid injections, back brace, and interferential stimulator. Medications included OxyContin, Dilaudid, Lyrica, Lisinopril, Neurontin, and Cymbalta. Diagnostics included Magnetic Resonance Imaging (MRI) dated 3/4/10 with report of moderate facet disease with no significant central or foraminal stenosis, minimal anterolisthesis of L2 on L3 causing disc bulge with a superimposed left paracentral disc protrusion, moderate to severe bilateral facet degenerative changes resulting in severe central stenosis and moderate left foraminal narrowing and prior decompression laminectomy sites. The treating physician's progress report of 1/20/15 reported the pain as continuing and constant in duration, sharp and hot, and worsens with sitting, standing, bending, or lying on the right side of his back. There was some relief with mediations. Gait was antalgic and tenderness note in the mid portion of the lumbar spine. Straight leg and FABER tests were negative bilaterally. Request was made to include: referral to a spinal surgeon, adjustable bed, Dilaudid, Phenergan and Dilaudid intramuscularly in office. On 1/12/15, Utilization Review non-certified Dilaudid 4 mg #120 1 po QID; Adjustable bed (QTY: 1); Referral to spinal surgeon [REDACTED] or [REDACTED] for the back (QTY: 1); Phenergan 25 mg and Dilaudid 2 mg given IM in office NOT ON RFA (QTY: 1),

noting the California Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Dilaudid 4 mg #120 1 po qid QTY: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back pain radiating to lower extremity rated at 7/10. The request is for DILAUDID 4MG #120 1 PO QID QTY: 120.00. The request for authorization is dated 01/02/15. The patient is status-post back surgery 1995, 2006 and 2012. MRI of the lumbar spine 03/04/10 shows moderate to severe bilateral facet degenerative changes resulting in severe central stenosis with greater effacement of the left lateral recess at L2-3 and post-surgical changes of decompression laminectomy, central canal remains patent at L3-S1. Patient has had 3 lumbar epidural steroid injections in the past that gave him more than 50% pain relief for several weeks and was able to reduce his medications for two months. Patient occasionally also has pain that radiates into the right thigh. Patient's daily activities are limited and has difficulty sleeping at night secondary to pain. Patient's pain is relieved with medications that includes OxyContin, Dilaudid, Lyrica, Lisinoprol, Neurontin and Cymbalta. The patient is retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 12/23/14, treater's reason for the request is "Due to the severe nature of his pain." The patient has been prescribed Dilaudid since at least 06/13/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Dilaudid significantly improves patient's activities of daily living with specific examples of ADL's. Although analgesia is discussed showing significant pain reduction with use of Dilaudid, no validated instrument has been used to show functional improvement. Furthermore, the treater does not document or discuss with patient addressing adverse side effects and adverse behavior. There are no UDS's, CURES or opioid pain contracts. Therefore, given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Adjustable Bed QTY:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Minnesota Rules Subpart 1. Diagnostic procedures for treatment of low back injury. (2) beds.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, Mattress Selection AETNA guidelines has the following regarding the use of hospital bed.

**Decision rationale:** The patient presents with low back pain radiating to lower extremity rated at 7/10. The request is for ADJUSTED BED QTY: 1.00. The request for authorization is dated 01/02/15. The patient is status-post back surgery 1995, 2006 and 2012. MRI of the lumbar spine 03/04/10 shows moderate to severe bilateral facet degenerative changes resulting in severe central stenosis with greater effacement of the left lateral recess at L2-3 and post-surgical changes of decompression laminectomy, central canal remains patent at L3-S1. Patient has had 3 lumbar epidural steroid injections in the past that gave him more than 50% pain relief for several weeks and was able to reduce his medications for two months. Patient occasionally also has pain that radiates into the right thigh. Patient's daily activities are limited and has difficulty sleeping at night secondary to pain. Patient's pain is relieved with medications that includes OxyContin, Dilaudid, Lyrica, Lisinoprol, Neurontin and Cymbalta. The patient is retired. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011) "Regarding hospital bed, Aetna guidelines states "hospital beds medically necessary" if the patient condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. Per progress report dated 01/20/15, treater's reason for the request is "The patient is sleeping at night on a recliner. He is not able to obtain a restful night's sleep." ODG does not support "any type of specialized mattress or bedding as a treatment for low back pain." There is no mention of pressure ulcers that would warrant a special support surface. Post-operative need for a hospital bed is not discussed in ODG or other guidelines. The treater has not documented that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by AETNA guidelines. The request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.

**Referral to spinal surgeon [REDACTED] or [REDACTED] for the back QTY: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines

ACOEM page 305, referral for surgical consultation. ACOEM 2004, OMPG, Independent Medical Examinations and Consultations ch 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient presents with low back pain radiating to lower extremity rated at 7/10. The request is for REFERRAL TO SPINAL SURGEON [REDACTED] OR [REDACTED] FOR THE BACK QTY: 1.00. The request for authorization is dated 01/02/15. The patient is status-post back surgery 1995, 2006 and 2012. MRI of the lumbar spine 03/04/10 shows moderate to severe bilateral facet degenerative changes resulting in severe central stenosis with greater effacement of the left lateral recess at L2-3 and post-surgical changes of decompression laminectomy, central canal remains patent at L3-S1. Patient has had 3 lumbar epidural steroid injections in the past that gave him more than 50% pain relief for several weeks and was able to reduce his medications for two months. Patient occasionally also has pain that radiates into the right thigh. Patient's daily activities are limited and has difficulty sleeping at night secondary to pain. Patient's pain is relieved with medications that includes OxyContin, Dilaudid, Lyrica, Lisinoprol, Neurontin and Cymbalta. The patient is retired. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per progress report dated 01/20/15, treater's reason for the request is the patient "continues to have severe low back pain." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a referral with a spinal surgeon. Given the patient's condition, the request for a referral appears reasonable. Therefore, the request IS medically necessary.

**Phenergan 25mg and Dilaudid 2mg given IM in office NOT ON RFA QTY:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Antiemetics (for Opioid nausea).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter for Antiemetics, for opioid nausea.

**Decision rationale:** The patient presents with low back pain radiating to lower extremity rated at 7/10. The request is for PHENERGAN 25MG AND DILAUDID 2MG GIVEN IM IN OFFICE NOT ON RFA QTY: 1.00. The request for authorization was not submitted. The patient is status-post back surgery 1995, 2006 and 2012. MRI of the lumbar spine 03/04/10 shows moderate to severe bilateral facet degenerative changes resulting in severe central stenosis with greater effacement of the left lateral recess at L2-3 and post-surgical changes of decompression laminectomy, central canal remains patent at L3-S1. Patient has had 3 lumbar epidural steroid injections in the past that gave him more than 50% pain relief for several weeks and was able to reduce his medications for two months. Patient occasionally also has pain that

radiates into the right thigh. Patient's daily activities are limited and has difficulty sleeping at night secondary to pain. Patient's pain is relieved with medications that includes OxyContin, Dilaudid, Lyrica, Lisinoprol, Neurontin and Cymbalta. The patient is retired. ODG-TWC guidelines, Pain chapter for Antiemetics, for opioid nausea, states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration -less than four weeks- and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 12/23/14, treater's reason for the request is "Due to the severe nature of his pain." Patient has been prescribed Phenergan at least since 10/15/14, and Dilaudid at least since 06/13/14, per progress reports. Regarding Phenergan, guidelines do not support this medication for nausea associated with chronic opioid use. With regards to Dilaudid, MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Dilaudid significantly improves patient's activities of daily living with specific examples of ADL's. Although analgesia is discussed showing significant pain reduction with the use of Dilaudid, no validated instruments have been used to show functional improvement. Furthermore, treater does not document or discuss adverse side effects and aberrant behavior. There are no UDS's, CURES or opioid pain contracts. The request for Phenergan and Dilaudid is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.