

Case Number:	CM15-0141416		
Date Assigned:	07/31/2015	Date of Injury:	12/18/1989
Decision Date:	09/18/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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, 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 62 year old female injured worker suffered an industrial injury on 12-18-1989. The diagnoses included low back pain and right leg pain, neck pain with cervical radiculopathy, cervicogenic headaches, depression, and poor sleep hygiene. The diagnostics included lumbar and right knee magnetic resonance imaging. The treatment included medications. On 7-2-2015 the treating provider reported the pain had been worse since the last visit. She noted the right leg pain was worse due to the fluid in the knee and cellulitis. The average pain since last visit was 8 out of 10. She complained of chronic low back pain, right leg pain, neck pain with bilateral arm pain, and headaches. She complained of poor sleep since last visit. On exam the right knee was mildly swollen. There was limited range of motion in the right shoulder. There was right positive straight leg raise. The injured worker had not returned to work. The requested treatments included Dilaudid, Exalgo and Phentermine. A progress report dated July 2, 2015 states that medications are "working well." Notes indicate that the last urine drug screen was performed in October 2012. A urine drug screen requested on October 2013 states "unable to give sample." The patient is reportedly using 3 opiate pain medications, a muscle relaxant, THC, 2 stimulants, and a benzodiazepine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 80-81, 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Dilaudid (hydromorphone), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, the most recently attempted urine drug screen, 2 years ago, was unable to be provided, with no apparent follow-up. Furthermore, the concurrent use of opiates, muscle relaxants, and benzodiazepines increases the risk of complications from these medicines. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Dilaudid (hydromorphone) is not medically necessary.

Exalgo 16mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 80-81, 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Exalgo (hydromorphone), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, the most recently attempted urine drug screen, 2 years ago, was unable to be provided, with no apparent follow-up. Furthermore, the concurrent use of opiates, muscle relaxants, and benzodiazepines increases the risk of complications from these medicines. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision

to modify the current request to allow tapering. In light of the above issues, the currently requested Exalgo (hydromorphone) is not medically necessary.

Phentermine 37.5mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/phentermine.html>.

Decision rationale: Regarding the request for Phentermine, California MTUS and ODG do not address the issue. This medication is indicated for appetite suppression to affect weight loss. Within the documentation available for review, there is no indication that the patient has failed dietary modification supervised by a physician for weight loss. Additionally, there is no documentation indicating that a thorough medical examination has been performed evaluating for contraindications for the use of this medication. Finally, there is no statement indicating how this medication has improve the patient's current weight status to support its ongoing use. In light of the above issues, the currently requested Phentermine is not medically necessary.