

<b>Case Number:</b>	CM15-0144180		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50-year-old female who sustained an industrial injury on March 1, 2009. She reported that she fell and injured her right upper extremity. Treatment to date has included medications, Lidocaine injections to the right hand, right stellate ganglion nerve blocks and surgery. She was later diagnosed with Complex Regional Pain Syndrome (CRPS). According to a progress report dated June 24, 2015, the injured worker was seen for right upper extremity pain. She was stable on her medications. She complained of more foot swelling and pain. She stated her pain had worsened recently and she was unable to ambulate. She was living on the 3rd floor with no elevator and could not leave her apartment or go outside because of her pain. The provider noted that the injured worker was crying during her visit because of her pain. Pain was rated 10 on scale of 1-10 and varied in severity ranging from 8 to 10 on any given day. During her initial presentation, pain was rated 9. Pain was located in the right wrist and radiated to the right forearm to the arm and to the collarbone with occasional left hand pain. She also had pain from her toes to groin bilaterally, worse on the right side. Pain was described as constant and burning. Medications were helpful for the pain. Lidocaine injections to the right hand and stellate ganglion nerve blocks were not helpful. Lyrica caused weight gain and swelling. Tramadol and Vicodin were not helpful. Spinal cord stimulator placement provided only mild improvement. Intravenous Ketamine infusion treatments were not helpful. Lumbar sympathetic nerve blocks were mild to moderately effective for her leg pain for a few days. She had completed a rehab program, which did not improve her overall status much. She continued to need home assistance

because of her severe level of pain and disabilities. Her highest Dilaudid use at (named hospital) was 2 mg 3 tabs every 3 hours at 24 tabs per day. Assessment included reflex sympathetic dystrophy of the upper limb and reflex sympathetic dystrophy of the lower limb. The treatment plan included continuation of Dilaudid 4 mg by mouth 1 tab every 6 hours as needed for pain #60 with no refills, Dilaudid 8 mg by mouth 1 tab every 6 hours as needed for pain #120 with no refills for breakthrough pain. She was alternating between 4 and 8 mg strength. She was to continue Exalgo (a long acting form of Dilaudid) 16 mg by mouth every day for baseline pain control, Cymbalta 90 mg every day, Tizanidine 4 mg by mouth 2 tabs three times a day as needed for spasm, Ibuprofen 800 mg by mouth three times a day as needed for pain, Colace 100 mg twice a day as needed and Senokot S 2 tabs every day as needed for laxatives. Currently under review is the request for Dilaudid 8 mg, every 6 hours as needed for pain #120. A urine drug screen dated 01/23/2015 was submitted for review and was positive for Hydromorphone.

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

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

**Dilaudid 8mg, every 6 hours as needed for pain #120:** 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): 51, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**Decision rationale:** Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be upwards of 256, far in excess of MTUS recommended guidelines. As such, the request for Dilaudid 8mg, every 6 hours as needed for pain #120 is not medically necessary.