

<b>Case Number:</b>	CM15-0148520		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: 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 39 year old female who sustained an industrial injury on 9-17-09. History on the PR-2 dated 3-6-15 indicates that the injured worker reported "cumulative trauma" injury to her lower back during her employment. She attributed the trauma due to long periods of sitting. She reported that she first noticed symptoms in her lower back in July 2009. Her exact symptoms were not indicated in that report. She received physical therapy and chiropractic treatments "without any benefit". She had an MRI of her lumbar spine in November 2009 and a CT scan of her lumbar spine in 2010. A repeat MRI was completed in September 2010. She underwent a laminectomy and microdiscectomy at L4-5 in November 2010. She reported decreased pain in her leg, but continued to have persistent lower back pain. She received post-operative physical therapy with little benefit. She developed bowel incontinence in February 2011 and underwent another MRI of the lumbar spine which revealed a "recurrent disc herniation at L4-5 with moderate stenosis". She had a posterior lumbar fusion at L4-5 in February 2011. There were complications of a "spinal leak" and a revision of the surgery was done two days later. She reported that her bowel incontinence had resolved following the February 2011 surgery. She continued to have lower back pain and bilateral leg pain. She underwent a discogram in 2012, which revealed an annular tear at L5-S1. The record indicates that there was "discrepancies with the report". Other treatments attempted were lumbar epidural injections - she has had three with the last administration on August 25, 2014. She received minimal relief and underwent acupuncture treatments, also without benefit. The injured worker's history also includes a non-industrial injury to her lower back in 1997, which was due to a motor vehicle accident. She underwent a laminectomy at L3-4 in 1998 as a result of that injury. She reported that she "recovered without any persistent lower back pain or leg symptoms". Her diagnoses include

degenerative disc disease and facet spondylosis of the lumbar spine at L3-4, L4-5, and L5-S1 associated with retrolisthesis at L3-4, as well as left lower extremity radiculitis and possible radiculopathy, status-post multiple surgeries for a fusion at L4-5 with retained pedicle screw hardware plus a possible annular disc disruption at L5-S1, and moderate exogenous obesity associated with hypertension and ill-defined liver problem. The injured worker is being followed by a pain management specialist. She has received Dilaudid and Oxycontin on an "as needed" basis, per the May 2015 Pr-2. She has also had a psychological assessment and found to have many psychological stressors. She has been previously diagnosed with Bipolar II Disorder. She was diagnosed with Depressive Disorder and Anxiety due to chronic pain and "a general medical condition" on the July 2015 psychological assessment. The 7-21-15 PR-2 indicates that the injured worker reports that her pain symptoms "have worsened" since her last appointment. She has been receiving cognitive behavioral therapy, which was indicated as "significantly" helping her pain symptoms. The record indicates that she is "awaiting a lumbar discogram" to discuss the possibility of lumbar spine surgery with her surgeon. The treatment plan is to refill her medications. The requested treatments are for Dilaudid and Amitiza. The most recent PR-2 indicates that she continues to have chronic pain. However, the review of systems indicates that she "denies nausea, constipation or GI upset. There is no loss of bowel control".

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

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

**Dilaudid 4 MG #120:** Upheld

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

**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. In this case, Dilaudid , in combination with Oxycontin, was prescribed since at least July 2014; however, there is no clear evidence of 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 4mg #120 is not medically necessary.

**Amitiza 24 MCG #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment.

**Decision rationale:** MTUS guidelines did not address the use of Amitiza for constipation treatment. According to ODG guidelines, Amitiza is recommended as a second line treatment for opioid induced constipation. The first line of measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient's file that the first line measurements were used. Therefore, the use of Amitiza 24mg #60 is not medically necessary.