

Case Number:	CM15-0183949		
Date Assigned:	09/24/2015	Date of Injury:	11/08/2004
Decision Date:	10/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old male who sustained an industrial injury on 11-08-2004. According to a progress report dated 08-31-2015, the injured worker was seen for medication refill and headaches. Bilateral headache was noted. Pain was described as aching, stabbing and constant and improved by medications. Pain radiated to the eyes. Pain without medication was rated 10 on a scale of 1-10 and 4 with medication. Treatments have included physical therapy, trigger point injections and Botox. The injured worker slept 2-3 hours at night. Sleep was disturbed. Duration of effects of medication was 2-3 hours. Side effects of medication included a dry mouth. The provider noted that the injured worker had signed a pain agreement and was taking pain medication from no other provider and was receiving the lowest effective dose of pain medication. The injured worker was 60% better with Botox. He was now able to exercise. He had increased fatigue that he was now able to notice. Activities of daily living were not discussed in this report. Current medications included Dilaudid, Topamax, Pristiq, Wellbutrin, Voltaren 1% gel and Metformin. Assessment included cervical spondylosis without myelopathy, head injury unspecified, migraine unspecified and headache. The treatment plan included Dilaudid, Topamax, Pristiq and Wellbutrin. He was to follow up in 4 weeks. An authorization request dated 09-02-2015 was submitted for review. The requested services included Dilaudid 4 mg quantity 90, Topamax 100mg quantity 90, Pristiq 100 mg quantity 30 and Wellbutrin 300 mg quantity 30. Documentation shows long term use of Dilaudid. A urine drug toxicology report dated 01-06-2014 was positive for hydromorphone, Fentanyl and benzodiazepines. On 09-09-

2015, Utilization Review modified the request for Dilaudid 4 mg ninety count per month and authorized the request for Topamax, Pristiq and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg, ninety count per month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dilaudid 4 mg, #90 per month is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; head injury unspecified; migraine unspecified; and headache. Date of injury is November 8, 2004. Request for authorization is September 2, 2015. According to a February 16, 2015 progress note, current medications include Dilaudid 4 mg. According to an August 31, 2015 progress note, subjective complaints include headache and medication refills. Pain score is 4/10. The injured worker received Botox, physical therapy and trigger point injections with no relief. Utilization review stated August 28, 2014, May 6, 2015 and August 6, 2015 indicated Dilaudid was reduced from #90 quantity #45 quantity based on no objective functional improvement. There is no documentation demonstrating objective functional improvement. The requesting provider requests Dilaudid 4 mg per month, but does not state the number of months. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a limited timeframe (number of months), and no documentation demonstrating objective(s) improvement, Dilaudid 4 mg, #90 per month is not medically necessary.