

Case Number:	CM15-0188819		
Date Assigned:	10/02/2015	Date of Injury:	10/23/2009
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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 45 year old female, who sustained an industrial injury on 10-23-2009. She has reported subsequent neck, back and lower extremity pain and was diagnosed with cervical spondylosis with multilevel posterior disc osteophyte complexes and uncovertebral phytosis with mild effacement of the ventral cerebrospinal fluid at C3-C6 with mild neuroforminal narrowing, low back and bilateral lower extremity pain and weakness and lumbar and bilateral knee sprain and strain. Treatment to date has included pain medication, H wave unit, 12 sessions of aquatic therapy, physical therapy, weight loss program and surgery which were noted to have failed to significantly relieve the pain. Progress notes dated 06-18-2015 and 07-21-2015 showed that the injured worker was complaining of increased pain in the neck and back with decreased range of motion despite physical therapy and multiple medications including Norco and muscle relaxants. Medications were noted to decrease pain from 9-10 out of 10 to 5-6 out of 10 and to allow the injured worker to function. In a progress note dated 08-18-2015, the injured worker reported a severe exacerbation of neck pain over the last two weeks with no injury of accidents reported. Significant spasms and decreased range of motion of the neck and low back were also reported. Pain was rated as 6-7 out of 10 with medications and 9-10 out of 10 without medications. The injured worker noted up to 50% improvement in pain levels and function with current medication regimen and noted that pain was reduced to a tolerable level for 3-4 hours at a time. Medications were noted to have allowed the injured worker to continue to participate in activities of daily living. The injured worker was noted to be participating in physical therapy for the low back and was scheduled to begin physical therapy

for the cervical spine. The injured worker was also noted to be undergoing an H wave trial but reported that trial was not extremely beneficial. Objective examination findings revealed an uncomfortable and tearful appearance, decreased range of motion of the cervical and lumbar spine, 2+ muscle spasms from L3-S1, hypesthesia in the left greater than right L5 and S1 dermatome and positive straight leg raise, left greater than right. The physician noted that a request was being made for a trial of Dilaudid for severe pain if not relieved with Norco. A request for authorization of Dilaudid 4 mg #60 was submitted. As per the 09-17-2015 utilization review, the request for Dilaudid was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/18/15 for a severe exacerbation of her cervical spine pain, with associated spasms and reduced range of motion. The patient also complains of ongoing lower back pain and associated numbness and tingling in the left lower extremity. The patient's date of injury is 10/23/09. Patient is status post lumbar fusion at L4 through S1 levels on 06/20/2012. The request is for Dilaudid 4MG #60. The RFA is dated 08/18/15. Physical examination dated 08/18/15 reveals diffuse tenderness of the cervical spine from C1 through T1 with spasms noted, particularly on the left, tenderness to palpation of the lumbar spine with spasms noted at L3 through S1 levels. The provider also notes positive straight leg raise test bilaterally, worse on the left and decreased sensation along the L5 and S1 dermatomal distributions bilaterally (left greater than right). The patient is currently prescribed Norco and Ibuprofen. Patient's current work status is not provided. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, 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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to Dilaudid for the management of this patient's exacerbated neck pain, the request is appropriate. Progress note dated 08/18/15 notes that this patient's medications reduce her pain by 50 percent. Addressing functional improvements, the provider states that "... the patient to continue to do light housekeeping, cooking, grocery shopping, caring for her

child... without the medication the patient would be confined to her bed or a chair." There is evidence in the records provided that this patient's urine toxicology screenings to date have been consistent with prescribed medications, and the provider specifically addresses a lack of aberrant behaviors. Utilization review non-certified this request on grounds that concurrent use of Norco and Dilaudid is not appropriate. While this patient is currently prescribed Norco, the provider indicates that this prescription is being provided temporarily for an acute flare-up in this patient's cervical pain, and that he does not intend to prescribe Dilaudid long-term. Peer to peer supplemental report dated 09/16/15 has the following: "... We discussed the use of these medications... He was concerned about the use of DILAUDID and recommended that it would be weaned as soon as she is through her acute pain phase. I noted that I did agree with this and we would discuss it with the patient at her next office visit." The documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity-specific functional improvements, consisted urine drug screening, and a lack of aberrant behavior. Given this patient's presentation, surgical history, and the adequate 4A's documentation as required by MTUS, the use of Dilaudid for this patient's acute pain is substantiated. The request IS medically necessary.