

Case Number:	CM15-0021539		
Date Assigned:	02/11/2015	Date of Injury:	12/11/2002
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/04/2015

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, Michigan, 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 54 year old female, who sustained an industrial injury on December 11, 2002. She has reported bilateral shoulder injuries. The diagnoses have included mood disorder, shoulder pain, entrapment Neuropathy upper limb, carpal tunnel syndrome, and pain disorder with both psychological factors and an orthopedic condition. She was status post bilateral carpal tunnel release and status post bilateral rotator cuff repair. Treatment to date has included MRI, electrodiagnostic studies, pain psychotherapy, physical therapy, and oral and topical pain, anti-epilepsy, muscle relaxant, antidepressant, and non-steroidal anti-inflammatory medications. On December 9, 2014, the treating physician noted bilateral shoulder pain. Her pain was rated 5 on a scale of 1-10 with medications and 8 without medications. She reported severe shoulder and neck region spasms since unable to fill her muscle relaxant medication. She also has spasms of the trunk. The physical exam revealed decreased cervical range of motion limited by pain, paracervical muscles and trapezius tenderness, and a trigger point with radiating pain and twitch response on palpation at the right trapezius muscle. There were surgical scars on both shoulders. The right shoulder had a negative drop arm test and tenderness to palpation in the acromioclavicular joint, subdeltoid bursa and supraspinatus. The left shoulder range of motion was restricted due to pain and tenderness to palpation in the acromioclavicular joint, subdeltoid bursa and supraspinatus. The motor exam revealed mildly decreased strength of the bilateral shoulder flexors and bilateral shoulder abduction. The treatment plan included continuing the current pain medication. On January 9, 2015, Utilization Review non-certified a prescription for Dilaudid 2mg #90, noting the medication is recommended for short-term use of less than 16

weeks, and it does not offer any long-term benefit. Sufficient quantities were provided previously to ensure safe discontinuation. The California Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dilaudid 2mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid); Opioids for chronic pain; Weaning of Me.

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.” There is no clear evidence and documentation form the patient file, for a need for more narcotic medications. There is no clear evidence of objective and recent 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 1 prescription of Dilaudid 2mg, #90 is not medically necessary.