

Case Number:	CM15-0025350		
Date Assigned:	02/18/2015	Date of Injury:	12/11/2001
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/11/2015

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 (IW) is a 65-year-old female who sustained an industrial injury on 12/11/2001 when she fell from a ladder into a sitting position, which caused a compression fracture. She has reported worsening back pain with radicular symptoms to both legs. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, post laminectomy syndrome of lumbar and of thoracic regions, and lumbago. Treatment to date includes surgery to fuse the lumbar spine, epidural steroid injections, abdominal binders, a Milwaukee Brace, Pain Management, an implanted pain pump, oral pain medications and muscle relaxers. A progress note from the treating provider dated 01/23/2015 indicates tenderness of scars in the lumbar spine area, decreased range of motion secondary to pain and a bilaterally positive straight leg raise. She states she takes Dilaudid maximum 4/day and her pain level is reduced to 3-4/10 while at rest and 4-5 /10 when active lasting 4-6 hours in duration. She also takes Valium maximum 0-2 per day for her flare-up of muscle spasms that occur with increased activity. Treatment plan included increasing the pain medication administered through the implanted pump and weaning down of her oral Dilaudid. On 02/03/2015, Utilization Review modified a request for Dilaudid 4mg #120. The MTUS Chronic Pain Guidelines were cited. Utilization Review also modified a request for IDDS refill (DOS 01/23/2015) citing The MTUS Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-97, 52-54.

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 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. In addition, it was mentioned in the medical records that the IDDS was being increased in the amount of morphine administered to allow for a reduction of the Dilaudid. However, there was no mention of a treatment plan to accomplish the reduction. Therefore, the prescription of Dilaudid 4mg #120 is not medically necessary.

IDDS refill (DOS 01/23/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Implantable drug-delivery systems (IDDSs) Page(s): 52.

Decision rationale: According to MTUS guidelines, Implantable drug-delivery systems (IDDSs) is recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below (Cancer conditions), after failure of at least 6 months of less invasive methods, and following a successful temporary trial. There is no recent documentation in reduction of pain and functional improvement associated with the IDDS. Therefore, the request for IDDS refill is not medically necessary.