

<b>Case Number:</b>	CM15-0210153		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	06/11/1995
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

This is a 56 year old female who sustained an industrial injury on 6-11-1995. A review of the medical records indicates that the injured worker is undergoing treatment for facet arthropathy and degenerative disc disease. According to the progress report dated 9-30-2015, the injured worker complained of chronic, severe neck and back pain. She reported an increase in neck pain, with severe spasms in the neck and bilateral shoulders since the last visit. She was self-procuring her medications, as they had been denied. She rated her pain as 10 out of 10 without medications and 4 out of 10 with medications (6-2015 to 9-2015). The physician noted that the injured worker was deteriorating with cervical disc and facet pain, along with headaches and nausea and was basically lying in bed and could not do anything. The injured worker went to the emergency department with a severe headache on 9-28-2015 and was given a Toradol injection. Per the treating physician (9-30-2015), the injured worker was temporarily totally disabled. Objective findings (9-30-2015) revealed diffuse tenderness over the cervical paraspinals. There was tenderness over the thoracic spine and lumbar paraspinals. Gait was antalgic. There were lumbar spasms bilaterally. There was audible clicking with external and internal rotation of the hip. Treatment has included surgery, injections, spinal cord stimulator, physical therapy, psychotherapy and medications. Current medications (9-30-2015) included Oxycodone, Dilaudid (since at least 3-2015), Soma, Tizanidine, Celebrex, Promethazine, Gabapentin, Cymbalta, Zofran, Prilosec, Senokot, Diphenhydramine and topical creams. The request for authorization was dated 10-12-2015. The original Utilization Review (UR) (10-16-2015) denied a request for Dilaudid.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8 MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

**Decision rationale:** The current request is for DILAUDID 8 MG. Treatment has included revision ACDF with hardware removal on 01/09/15, injections, cervical medial branch block, spinal cord stimulator, physical therapy, psychotherapy and medications. The patient is temporarily totally disabled. 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." Per report 09/30/15, the patient presents with severe neck and back pain. She reported an increase in neck pain, with severe spasms in the neck and bilateral shoulders since the last visit. The patient is "being forced to use private funds to obtain pain medications." The patient has been utilizing Dilaudid since at least 03/05/15. The treater states "she continues to improve, has tapered her meds, but still requires these daily to maintain function in the post op period." The medications allow for increase mobility, better tolerance to ADLs and increase in the home exercise program. The patient reported improved affect and overall quality of life with medications. There are no side effects noted. She rated her pain as 10 out of 10 without medications and 4 out of 10 with medications. UDS and CURES were consistent. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.