MAXIMUS Federal Services

| Case Number: | CM15-0214280 | | |
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| Date Assigned: | 11/04/2015 | Date of Injury: | 09/27/1996 |
| Decision Date: | 12/21/2015 | UR Denial Date: | 10/21/2015 |
| Priority: | Standard | Application Received: | 10/30/2015 |

## 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 52 year old male who sustained an industrial injury on 9-27-96. A review of the medical records indicates that the worker is undergoing treatment for occipital neuralgia, cervical radiculopathy right, failed back surgery syndrome, failed neck surgery syndrome, chronic pain, lumbar radiculopathy, facet arthropathy, and depression-major. Subjective complaints (10-9-15) include the right arm has been getting worse gradually since he felt a pop in it in January, lower back pain, lower extremities pain, cervical area and left upper extremity pain, and occipital headaches. Pain is rated at 8 out of 10 on a good day and 10 out of 10 on a bad day. Objective findings (10-9-15) include an antalgic gait, spasticity on palpation over the thoracic and lumbar region "severe" tenderness over the cervical spine, limited range of motion due to pain, "severe' occipital tenderness going to the frontal area, tenderness over the scalp, tenderness over lower parathoracic facet joints, sensory is decreased at T5, "severe" tenderness over the lumbar area, markedly limited lumbar spine range of motion, positive straight leg raise, and "moderate" tenderness over both knees. Previous treatment includes a home exercise program, moist heat, stretches, and medication. Current medications are Celebrex 200mg, Norco 10-325 #150, Dilaudid 4mg #30 (since at least 4-14-15), and Soma 350mg #90. On 10-21-15, the requested treatment of Dilaudid 4mg #30 was modified to 1 prescription of Dilaudid 4mg #10.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #30:** Upheld

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

**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 10/09/15 with worsening right arm pain, lower back pain, lower extremity pain, cervical spine pain, and occipital headaches. The patient's date of injury is 09/27/96. The request is for Dilaudid 4mg #30. The RFA was not provided. Physical examination dated 10/09/15 reveals severe tenderness to palpation of the cervical spine (greater on the right), reduced cervical range of motion secondary to pain, diffuse tenderness over the parathoracic facet joints, severe tenderness in the lumbar area, positive straight leg raise test bilaterally, and moderate tenderness over both knees. The provider also notes decreased sensation in the right lower extremity and right C5 and C6 dermatomal distributions. The patient is currently prescribed Celebrex, Dilaudid, Norco, and Soma. Patient is currently classified as permanent and stationary. 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 the requested Dilaudid for the management of this patient's chronic pain, the treater has not provided adequate documentation of opioid efficacy. Progress note dated 10/09/15 documents that this patient's pain on a "good day" is 8/10 and on a "bad day" is 10/10, without clearly stating how medications reduce his pain. It is also stated that the pain is "always the same" and "constant." Addressing functional improvements, the provider states: "The patient reports good pain control from current opioid pain medications. The patient reports increase physical activity, improvement in activities of daily living, mood, as well as sleep..." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, it is stated that this patient does not display aberrant behavior and has been consistent with medications to date. However, the documentation of analgesia and functional improvements are vague at best, and do not satisfy the 4A's as required by MTUS. Therefore, the continuation of narcotic medications cannot be substantiated and the patient should be weaned. Given the lack appropriate documentation of the 4A's, the request is not medically necessary.