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| Case Number: | CM15-0221677 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 11/14/2006 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/06/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 46 year old male sustained an industrial injury on 11-14-06. Documentation indicated that the injured worker was receiving treatment for chronic left upper extremity, left shoulder and back pain. Recent treatment consisted of medication management. In a PR-2 dated 3-31-15, the injured worker complained of persistent left upper extremity, low back and left shoulder pain, rated 7 out of 10 on the visual analog scale that "reduced" with medications. The physician stated that he had "again discussed weaning of opioid medication and disproportional amount of medication to his objective findings". The treatment plan included Dilaudid 8mg twice a day (wean by one-half tablet every two weeks) and Fentanyl 50mcg patch every three days and adding Neurontin to help with the weaning process. In a PR-2 dated 9-3-15, the injured worker complained of pain to the left arm and mid and low back. The injured worker stated that his current level of medication allowed him to maintain his work schedule. The injured worker reported that Neurontin had not helped. The physician stated that he felt there was opioid dependency with some hyperalgesia. The physician had been performing random urinary drug screening on a monthly basis due to the injured worker's refusal to wean and "his aberrant behavior during examination". The physician continued to recommend weaning Dilaudid. The injured worker deferred. The physician agreed to allow the injured worker a bridge prescription until he could find another physician. The treatment plan included Fentanyl 50mcg, once every three days and Dilaudid 8mg one half to one three times a day (weaning recommended by one half tablet every two weeks). In a PR-2 dated 9-22-15, the injured worker reported that he had weaned Dilaudid down to 8mg one-half three times a day and stated that he was still struggling

with pain control. The injured worker reported ongoing pain from the left elbow to the hand. The injured worker stated that attempts to decrease Dilaudid beyond the current level had been unsuccessful due to increasing pain levels and requiring the medications to maintain work activities. The injured worker stated that medications decreased his pain from 8 to 9 out of 10 to 2 to 3 out of 10. The injured worker stated that medications allowed him to work full duty and maintain activities of daily living. Physical exam was remarkable for cervical spine with tightness of the paraspinal musculature and trapezius with "full and complete" range of motion, lumbar spine with tenderness to palpation to the paraspinal musculature with "full and complete" range of motion and left elbow with sensitivity to touch, "full" range of motion on flexion and extension and "some" limitation in supination and pronation with positive Tinel's and left shoulder with positive impingement. The treatment plan included Fentanyl 50mcg, once every three days and Dilaudid 8mg one half to one three times a day (weaning recommended by one half tablet every two weeks). On 10-6-15, Utilization Review modified a request for Dilaudid 8mg #45 to Dilaudid 8mg #25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #45: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dilaudid 8 mg #45 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post left elbow cubital tunnel ulnar transposition; chronic myofascial pain of the cervical and lumbar spine; cervical and lumbar sprain and strain; left shoulder sprain and strain with residual chronic pain; partial thickness tear of the left supraspinatus tendon per reports; history of depression and anxiety; history of gastric pain; and opioid dependency. Date of injury is November 14, 2006. Request for authorization is September 22, 2015. According to a March 31, 2015 progress note, the treating provider prescribed Dilaudid 8 mg BID with instructions to wean one-half tablet every two weeks. Additional opiates included fentanyl 50 g one patch every three days. Subsequent documentation contains language regarding weaning Dilaudid 8 mg. There was no evidence of weaning in the medical record

through and including September 22, 2015. According to the progress note dated September 22, 2015 complaints included left arm pain radiating to the elbow and hand with a pins and needles sensation into the third and fifth digits. There is mid and low back pain that radiates to the legs. Objectively, there was tenderness to palpation at the cervical paraspinal muscles and lumbar paraspinal muscles. The medical record contains risk assessments, and opiate agreement and a pain assessment. There is, however no evidence of ongoing weaning. The documentation contains treatment plan for weaning, but there is no documentation of actual weaning. In March 2015, the treating provider prescribed Dilaudid 8 mg b.i.d. Subsequent documentation contains Dilaudid 8 mg TID (with instructions for weaning). Again, there was no weaning of the Dilaudid. There is no documentation demonstrating objective functional improvement to support ongoing Dilaudid. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation of Dilaudid weaning, Dilaudid 8 mg #45 is not medically necessary.