

<b>Case Number:</b>	CM15-0222771		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	01/26/1999
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old male who sustained an industrial injury on January 26, 1999. The worker is being treated for: chronic spine pain. Subjective: May 26, 2015 he reported "Percocet" is like taking nothing for pain, and is requesting Hydromorphone for breakthrough pain. He states that the pump is constantly being bumped as it's in the way protruding for his side. Objective: May 26, 2015 noted thoracic spine pain, post lumbar spine surgery syndrome, SI joint arthropathy and lumbar facet arthropathy. Diagnostic: UDS dated February 2015 noted with consistent findings with prescribed medication. Medication: May 2015 noted a trial of Hydromorphone 4mg for breakthrough pain; August 2015: Amitiza, Hydromorphone. September 2015: Amitiza, Dilaudid, Hydromorphone. October 2015: Amitiza, Dilaudid, and Hydromorphone. Treatment: pain management, intrathecal pump medication, oral medication regimen, psychiatric care. On October 19, 2015 a request was made for Dilaudid 4mg #360 that was noncertified by Utilization Review on October 26, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg 1 PO GB-BID 360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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. 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." In this case the worker is 58 years old and is being treated for chronic spine pain. He was injured in 1999 and has been treated with opioids for a prolonged period. He has had an intrathecal pain pump placed on 6/23/08. Based on the documentation there is insufficient evidence to recommend the chronic use of opioids in addition to the intrathecal pain regimen. There is no documentation of increased level of function, percentage of pain relief, duration of pain relief, or that the injured worker has returned to work. The current guidelines provide very limited support to recommend treatment of non-malignant pain beyond 16 weeks. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.