

<b>Case Number:</b>	CM15-0043200		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 55-year-old female, who sustained an industrial injury on 12/19/2008, while employed as a housekeeper. She reported low back pain as a result of picking up an oven door. The injured worker was diagnosed as having thoracic/lumbosacral neuritis/radiculitis, opioid type dependence, carpal tunnel syndrome, other affections of the shoulder region, postlaminectomy syndrome, unspecified region, depressive disorder, cervical spondylosis without myelopathy, and anxiety, unspecified. Treatment to date has included surgical (lumbar fusion at L4-5 and L5-S1) and conservative measures, including diagnostics, medications, physical therapy, epidural steroid injections, and H-wave unit. Recent x-ray of the cervical spine showed C5-6 spondylosis and anterior osteophyte formation. Recent x-ray of the bilateral shoulders noted normal findings. Recent x-ray of the lumbar spine showed evidence of previous L4-5 and L5-S1 fusion with instrumentation and spondylosis. Currently, the injured worker complains of low back pain, noted as for greater than ten years, with radiation to bilateral lower extremities. Pain was rated 8/10 and she reported difficulty staying asleep and feeling blue, due to pain. She tried Hydrocodone, Lyrica, Morphine, Neurontin, and Percocet in the past. She reported that oral medications have not been working well, as she developed a tolerance to them, requesting a discussion regarding a pain pump trial. She reported cervical pain, greater than ten years, rated 8/10. She reported right shoulder pain, for greater than ten years, rated 4/10. She reported left wrist pain, for greater than ten years, rated 2/10. Her body mass index was 34%. Physical exam noted decreased sensation along the left S1 dermatomal distribution. Tinel's tap test was positive on the left. Tenderness to palpation was noted to the right bicep, and midline to

the cervical paraspinals, and also to the lumbar sacral spine, from L4-S1 midline. Current medications included Metformin, Prilosec, Cymbalta, Lidoderm patch, and Gabapentin. The treatment plan included education on intrathecal pain pump, MS Contin prescription, noting discontinuance of MSIR for ineffectiveness, Dilaudid prescription, and continued medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychiatric consultation for intrathecal pain pump trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implantable Drug-Delivery Systems (IDDSs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities". Upon review of the submitted documentation, a Psychiatric consultation has been requested for trial of intrathecal pump. Usually a Psychological evaluation is done prior to deciding the appropriateness of such trials and usually Psychiatric Consultations are done for purposes of medication treatment of the psychological symptoms. The request for Psychiatric consultation for intrathecal pain pump trial is not medically necessary at this time.

**Dilaudid 4 mg Qty 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines dilaudid Page(s): 74-75, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 4A's (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals no documentation to support the medical necessity of Dilaudid or any documentation addressing the 4A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the

treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**MS Contin 30 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 4A's (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals no documentation to support the medical necessity of MS Contin or any documentation addressing the 4A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request for MS Contin 30 mg Qty 30 is not medically necessary.