

<b>Case Number:</b>	CM15-0050392		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 53 year old female with an industrial injury date of 06/20/2006. Her diagnosis includes Cervicalgia, drug dependence and post laminectomy syndrome of lumbar region. Prior treatments include surgery, medications, cervical radio frequency ablation and vitamin B 12 injections. She presents on 01/14/2015 with complaints of shoulder pain left greater than right. Headache with extreme nausea is reported. Physical exam reveals a normal gait without any ambulation devices. Tenderness was noted in the cervical spine. Medication for nausea was administered during the visit and the provider requested authorization for pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 2/13/15 progress report provided by the treating physician, this patient presents with cervical radiculopathy, shoulder pain L > R, with pain rated 7/10 on VAS scale, and headaches 2-3 times weekly with duration of 2-12 hours, associated with nausea, and light sensitivity. The treater has asked for DILAUDID 8mg #90 on 2/13/15. The patient's diagnoses per Request for Authorization form dated 2/17/15 are drug dependence not otherwise specified, cervicgia, postlaminectomy syndrome of lumbar region, cervical spondylosis with myelopathy. The patient is s/p 2-level cervical fusion of unspecified date per 10/24/14 report. The patient is s/p cervical medial branch block at C7-T1 with 70% improvement per 8/27/14 report. The patient remains on Dilaudid 1 AID, and the patient's Fentanyl was recently changed to Hydromorphone per 2/13/15 report. The patient gets nauseated from the morphine per 2/13/15 report. The patient is anticipating a future lumbar fusion surgery per 2/13/15 report. The patient's current medications include Sumatriptan, Advil, Dilaudid, Hydromorphone, Metoprolol, and Prozac per 2/13/15 report. The patient's work status is modified permanently and cannot be accommodated per 8/28/14 report. MTUS Guidelines 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 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. Dilaudid has been included in patient's medications per treater reports dated 8/27/14 10/20/14, and 2/13/15. The patient requires Norco 5qd and Dilaudid 8mg 5 QD to accomplish ADLs" per 8/27/14 report. In this case, treater has not stated how dilaudid reduces pain and does not state specifics regarding how it improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. A urine drug screen was stated to have normal findings per 8/27/14 report but there was no opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Hyrdomorphone HCl Er 12mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 2/13/15 progress report provided by the treating physician, this patient presents with cervical radiculopathy, shoulder pain L > R, with pain rated 7/10 on VAS scale, and headaches 2-3 times weekly with duration of 2-12 hours, associated with nausea, and light sensitivity. The treater has asked for HYDROMORPHONE HCL ER 12mg #60 on 2/13/15. The patient's diagnoses per Request for Authorization form dated 2/17/15 are drug dependence not otherwise specified, cervicgia, postlaminectomy syndrome of lumbar region, cervical spondylosis with myelopathy. The patient is s/p 2-level cervical fusion of unspecified date per

10/24/14 report. The patient is s/p cervical medial branch block at C7-T1 with 70% improvement per 8/27/14 report. The patient remains on Dilaudid 1 AID, and the patient's Fentanyl was recently changed to Hydromorphone per 2/13/15 report. The patient is anticipating a future lumbar fusion surgery per 2/13/15 report. The patient's current medications include Sumatriptan, Advil, Dilaudid, Hydromorphone, Metoprolol, and Prozac per 2/13/15 report. The patient's work status is modified permanently and cannot be accommodated per 8/28/14 report. MTUS Guidelines 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 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. Hydromorphone has been included in patient's medications per treater report dated 2/13/15. In this case, treater has not stated how hydromorphone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement or CURES reports. No urine drug screen which included Hydromorphone was included in the documentation. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.