

Case Number:	CM14-0141920		
Date Assigned:	09/10/2014	Date of Injury:	04/09/1996
Decision Date:	01/31/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a year-old female who was injured on April 9, 1996. The patient continued to experience pain in her abdomen, low back, neck, and right lower extremity. Physical examination was notable for the patient being in distress. Diagnoses included post laminectomy syndrome, chronic regional pain syndrome, neck pain, cervicalgia, and sacroilitis. Treatment included medications, aquatic therapy, and surgery. Requests for authorization for dilaudid pain shot and phenergan shot were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid pain shot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Dilaudid is the opioid medication Hydromorphone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or

neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient's other medications include Opana ER (Oxymorphone) 30 mg three times daily, Opana 5 mg every 8-12 hrs as needed, and oxycodone 30 mg every 4-6 hrs as needed for pain. The total of prescribed morphine equivalents is 480-545 mg daily. The recommendation is that dosing does not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The daily dose of opioid medication taken on a regular basis far exceeds the recommended maximum daily dose of 120 morphine equivalents. Addition opioid medications are not indicated. In addition injections are necessary only when the patient is unable to tolerate oral medication. There is no documentation that the patient is nauseated or vomiting. The request is not medically necessary.

Phenergan pain shot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Antiemetics (for opioid nausea), promethazine.

Decision rationale: Phenergan is the antiemetic promethazine. It is not recommended for nausea secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In addition the Phenergan was used empirically for nausea for the Dilaudid injection. The request for Dilaudid injection is not medically necessary.