

<b>Case Number:</b>	CM14-0202908		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker is a fifty-four year old male who sustained a work-related injury on March 12, 2010. A request for Dilaudid 8 mg #240 was non-certified in Utilization Review (UR) on November 22, 2014. The UR physician determined that the documentation submitted for review did not demonstrate continued improvement in both pain and in function over the course of months prior to the request. Previous evaluations indicated that the injured worker was being weaned from the medication; however the UR physician determined that the weaning process should have been completed by the date of the request for authorization. The UR physician utilized the California Chronic Pain Medical Treatment Guidelines in the determination. A request for independent medical review (IMR) was initiated on December 4, 2014. A review of the documentation submitted for IMR included physician's evaluations from July 2, 2014 through October 22, 2014. The injured worker had a left total hip arthroplasty in June, 2014 and was evaluated in July, 2014 with possible septic left hip. He was placed on oral antibiotics; however, his laboratory values indicated a possible infection. On July 18, 2014 the injured worker underwent an incision and drainage of the hip wound. On August 7, 2014, the evaluating physician noted that the wound appeared satisfactory with some induration; An x-ray of the hip indicated that the hip was in good position. The injured worker was continued on antibiotics. He was continued on Dilaudid for chronic back pain. The injured worker's hip and surgical site continued to be evaluated. On September 4, 2014, the injured worker was evacuated and the provider noted that the injured worker's elbow was swollen secondary to using it to push off. The evaluating physician noted that the pushing off was related to the injured worker's back injury. He was using crutches and a walker to ambulate. A physician's note dated October 22, 2014 indicated that the injured worker required Dilaudid for his chronic lumbar condition. The provider noted that the injured worker had tried all other pain medications and none had given

him adequate relief which allowed him to function. Dilaudid had kept the injured worker in a relatively functional status and that he was likely would remain a lifetime chronic opioid user. The documentation did not reveal specific functional gains related to the Dilaudid use nor the other medications tried prior.

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

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

**Dilaudid 8mg # 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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. There is no clear evidence and documentation from the patient file, for a need for more narcotic medications. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no evidence of pain breakthrough. There is no clear documentation of the efficacy/safety of previous use of opioids. Therefore, the prescription of Dilaudid 8mg #240 is not medically necessary.