MAXIMUS Federal Services

| Case Number: | CM15-0115461 | | |
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| Date Assigned: | 06/23/2015 | Date of Injury: | 09/03/1991 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

## 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 56 year old male who sustained an industrial injury on 09/03/1991. The mechanism of injury was not made known. An authorization request dated 06/01/2015 was submitted for review with the request for Dilaudid 8mg 3 tabs by mouth four times a day as needed #360. According to a progress report dated 06/03/2015, the injured worker was seen in follow up for low back pain, dorsal pain and medications. An epidural steroid injection had been planned by another provider. Past medical history included low back pain, dorsal pain, neck pain, cervical surgery, lumbar surgery and prostate cancer. Physical examination demonstrated muscle spasm from pain in the dorsal lumbar. Mobility was better. Trigger points were noted in the back, with winging. Shoulder range of motion was guarded. Glut sensitivity and spasms was noted. Medial dorsal step off was noted but sensory level at T8 questionable. Surgical wound was intact. No rib dislocation was noted. No hot joints other than hip were noted. Decreased sensation lateral dorsum of forearm and questionable decreased sensory lateral thigh and leg was noted. Assessments included degeneration of lumbar or lumbosacral intervertebral disc, pain in joint pelvic region and thigh, morbid obesity, adjustment disorder with mixed anxiety and depressed mood, thoracic spondylosis without myelopathy, pain in thoracic spine, history of prostate cancer and status post sacroiliac abscess. The treatment plan included home exercise program, dorsal MRI, epidural steroid injection planned, and follow up appointment. Pain medicine prescriptions included Dilaudid 8mg 2.5 tablets orally every 6 hours. Pain level and activities of daily living were not addressed in this progress report. Progress reports dating back to 05/22/2014 show that that the injured worker had been utilizing Dilaudid 8mg 2.5 tablets

every 6 hours since that time. A urine drug screen dating back to 03/20/2014 showed that the injured worker was utilizing Dilaudid at that time. Currently under review is the request for Dilaudid 8mg #360.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg #360:** Upheld

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

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

**Decision rationale:** This injured worker has chronic back pain. Dilaudid has been prescribed for more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, return to work was not documented, only one urine drug screen was submitted, and no opioid contract was submitted or discussed. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." CA MTUS Chronic Pain Medical Treatment Guidelines state that the practitioner should perform 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 the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. CA MTUS guidelines state that functional improvement includes a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, plus reduction in dependence on medical treatment. The treating physician did not document the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioids, how long it takes for pain relief, how long pain relief lasts, improvement of pain and improvement of function. These are necessary to meet MTUS guidelines. Documentation submitted for review shows long- term use of opioids. There was no objective evidence of functional improvement with the use of Dilaudid. Return to work was not documented, there was no discussion of improvement in activities of daily living as a result of use of Dilaudid, and office visits have continued at the same frequency of approximately every one to two months. As such, the request for Dilaudid 8mg 2.5 tablets every 6 hours is not medically necessary.