

<b>Case Number:</b>	CM15-0129016		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old male, who sustained an industrial injury on 10/15/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, low back pain, post lumbar laminectomy syndrome, and other mood disorder. Treatment and diagnostic studies to date has included laboratory studies, acupuncture, electromyogram with nerve conduction study to the bilateral lower extremity, computed tomography of the lumbar spine, medication regimen, use of an H-wave machine, home exercise program, and above noted procedure. In a progress note dated June 05, 2015 the treating physician reports complaints of pain to the back that radiates to the right lower extremity along with numbness over the right leg. Examination reveals a positive straight leg raise bilaterally, decreased sensation to the right lower extremity, decreased motor strength to the right lower extremity, loss of normal lordosis to the lumbar spine, decreased range of motion to the lumbar spine, positive Faber's test, decreased reflexes to the bilateral ankles and knees, and spasms, tenderness, and tightness to the lumbar paravertebral muscles, the posterior iliac spine, and the sacroiliac spine. The injured worker's current medication regimen included Colace, Zanaflex, Flomax, Salonpas Patch, Hydromorphone, Viagra, Lidoderm Patch, Etodolac, Gabapentin, Nortriptyline, Glyburide, Janumet, Miconazole Nitrate Cream, Byetta, Gemfibrozil, Lantus insulin, and Pioglitazone. The injured worker's pain level was rated an 8 on a scale of 1 to 10 without his medication regimen and the pain was rated a 6 on a scale of 1 to 10 with the injured worker's medication regimen. The treating physician noted that the injured worker's

medication regimen is working well, but also noted a decrease in the injured worker's activity level. The treating physician requested Hydromorphone 2mg with a quantity of 75 with one refill with the treating physician noting that this medication assists with any exacerbations secondary to cold weather with a noted 30% reduction of pain due to use of this medication.

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

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

#### **Hydromorphone 2mg #75 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 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 Hydromorphone 2mg #75 with 1 refill is not medically necessary.