

<b>Case Number:</b>	CM15-0172460		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 39 year old female who sustained an industrial injury on 08-25-2010. Diagnoses include cervical spine strain, cervical disc disease, cervical radiculopathy with myelopathy, CRPS of the left upper extremity and left lower extremity, status post right shoulder arthroscopic decompression and anxiety and depression. A physician progress note dated 06-26- 2015 documents the injured worker has complaints of cervical pain rated at 8 out of 10 on Visual Analog Scale and it radiates to her bilateral shoulders and down to her hands. She has associated weakness, numbness and a tingling sensation. She reports left upper extremity allodynia, hypersensitivity, and increased shoulder pain with movement. Her symptoms have not changed since her last visit. She walks with an antalgic gait due to left lower extremity pain. She has tenderness and spasms to the cervical spine and right trapezius muscles and there was facet tenderness at C3 through C7 and decreased cervical range of motion. Axial head compression and Spurling sign is positive on the left. There was hyperesthesia along the C4, C5, C6, C7 and C8 dermatomes on the left as well as hypersensitivity, allodynia and temperature changes when compared to the right. She will continue with her medications Flexeril and Dilaudid. Gabapentin was discontinued. She is being followed for her mental health issues by a psychiatrist for medication management for stress and anxiety. Treatment to date has included diagnostic studies, medications, status post cervical spine surgery on 09-29-2014, epidural steroid injections, use of a Transcutaneous Electrical Nerve Stimulation unit, ice, heat, cane, wheelchair, walker, physical therapy, chiropractic sessions, home exercise and rest. She is not working. Her medications include Cyclobenzaprine, Hydrocodone-Acetaminophen,

Hydromorphone, Motrin, Neurontin, Alprazolam, Hydroxyzine Hcl, Bupropion, Estazolam, and Risperidone. In a progress note dated 04-24-2015 Norco was discontinued and the injured worker was started on Dilaudid. On 08-05-2015 the Utilization Review modified the requested treatment Dilaudid tabs 2mg #60, 1 po BID to Dilaudid tab 2mg #54.

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

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

**Dilaudid tab 2mg #60, 1 po BID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The patient presents with cervical spine pain radiating to the bilateral shoulder down to the hands rated 8/10. The request is for Dilaudid tab 2mg #60, 1 po BID. The request for authorization is not provided. Physical examination of the cervical spine reveals tenderness to palpation and spasms noted over the cervical paraspinal muscles. Axial head compression positive on the left. Spurling sign positive on the left. There is facet tenderness noted along the C3 through C7 levels. Range of motion is reduced. Sensory examination reveals there is hyperesthesia along the C4, C5, C6, C7 and C8 dermatomes on the left. There is hypersensitivity, allodynia and temperature changes as compared to the right. She has difficulty falling and staying asleep. She also continues to report anxiety and depression. The patient was encouraged to continue home exercises and stretches as directed by therapist. Patient's medications include Dilaudid and Flexeril. Per progress report dated 07/08/15, the patient is on temporary total disability. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, 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. MTUS, Criteria for Use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Treater does not specifically discuss the medication. Patient has been prescribed Dilaudid since at least 04/24/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Dilaudid significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Dilaudid. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. In this case, treater has not adequately discussed the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

