

<b>Case Number:</b>	CM15-0176586		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Family Practice

### 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 59 year old, female who sustained a work related injury on 4-9-12. The diagnoses have included unspecified myalgia and myositis, lumbar degenerative intervertebral disc, lumbar disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, muscle spasm, lumbosacral neuritis-radiculitis and lumbago. She is being treated for low back pain and left knee pain. Treatments have included a lumbar medial branch block (some relief), oral medications, physical therapy and home exercises. Current medications include Celebrex and Baclofen. She has no other analgesics right now. She has not been authorized any refills of Nucynta. Previous medications include Motrin, Naprosyn, Zorvolex, Lorzone and Vimovo (all have failed). In the progress notes dated 8-18-15, the injured worker reports axial low back pain with left leg pain with chemical neuritis since injection but it is tolerable. She is having flare-up pain. She voices concern as she is actually having increased pain. It is extremely painful with sitting and standing. She rates her average pain level a 7 out of 10. This pain level has not changed in the last few office visits. Upon physical exam, she continues with her baseline low back pain with left sacroiliac region pain that has flared up since her radiofrequency ablation. MRI of lumbar spine dated 5-29-15 revealed "multilevel mild degenerative disc disease as described above with no central canal stenosis or neuroforaminal narrowing. Annular tear of L3-L4 disc posteriorly." MRI of left knee dated 7-6-13 revealed "mild medial compartment osteoarthritis. Medial meniscus tear. Mild to moderate joint effusion and synovitis." She is not working. The treatment plan includes prescriptions for medications. In the Utilization Review, dated 8-26-15, the requested treatment of a trial of Dilaudid 2mg 1-2 to 1, 2 times a day, #30 is found not medically necessary due to not meeting the CA MTUS guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Dilaudid 2mg #30:** 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including dilaudid. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the "4 A"s for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 As for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. The patient has undergone prior trials with opioids and there has been no substantive evidence of efficacy with regard to reduction in pain or improved function. There is insufficient justification for a trial with a different opioid. Therefore, a trial with dilaudid #30 is not considered as medically necessary.