

<b>Case Number:</b>	CM15-0077171		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47 year old male who sustained an industrial injury on 05/30/2012. The injured worker was diagnosed with failed cervical neck surgery syndrome, arthrodesis, occipital neuralgia, cervical radiculopathy and major depression, agoraphobia and panic attacks. Treatment to date includes diagnostic testing, surgery, physical therapy, psychological and psychotherapy sessions, moist heat, home exercise program and medications. The injured worker is status post C5-C6 hemilaminotomy and microdiscectomy in July 2012 and anterior interbody cervical fusion at C5-5 on April 8, 2013. According to the primary treating physician's progress report on March 25, 2015, the injured worker continues to experience ongoing neck pain radiating down to the shoulders with limited range of motion. He reports a popping when he turns his head. He reports weakness, paresthesias, depression, anxiety and suicidal ideation. The injured worker rates his pain at 7/10 on a good day and 9/10 on a bad day. Examination of the cervical spine demonstrated bilateral paracervical tenderness with limited and painful range of motion and bilateral cervical spasm. There was decreased strength in the right upper extremity and decreased abduction of the right shoulder. Sensory examination noted decreased right C6 sensation to pin prick. Current medications are listed as Dilaudid, Lortab elixir and Transderm-Scop. Treatment plan consists of continuing with current medications regimen, urine drug screening, home exercise program, moist heat and stretching, continue with current psychiatric care and the current request for Dilaudid and Lortab elixir.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2 Mg #30:** 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): 51, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**Decision rationale:** Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain". MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid since 2014, in excess of the recommended 2-week limit. As such the request for Dilaudid 2 Mg #30 is not medically necessary.

**Lortab Elixir 10mg/15ml #1000:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids Page(s): 51, 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Opioids.

**Decision rationale:** Lortab is hydrocodone and acetaminophen. ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality

of life. Additionally, medical documents indicate that the patient has been on opioids since 2014, in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. As such the request for Lortab Elixir 10mg/15ml #1000 is not medically necessary.