

Case Number:	CM15-0099299		
Date Assigned:	06/01/2015	Date of Injury:	10/30/1998
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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 64 year old female, who sustained an industrial injury on 10/30/1998. She has reported injury to the cervical, thoracic, and lumbar spine. The diagnoses have included acute paralysis 09/09/2012, with resultant T4 incomplete spinal cord injury with bilateral extremity paraplegia; status post anterior cervical discectomy and fusion C3-4, C4-5, C5-6; status post L2-3, L3-4, L4-5 interbody fusion; and upper extremity radiculopathy. Treatment to date has included medications, diagnostics, injections, home exercise program, scooter, aquatic therapy, physical therapy, spinal cord stimulator implant, home health aide, and multiple surgical interventions. Medications have included Dilaudid, Norco, OxyContin, and Prilosec. A progress report from the treating physician, dated 04/24/2015, documented an evaluation with the injured worker. The injured worker reported very severe and debilitating pain, and especially muscle spasms and contractures occurring every 5 to 10 minutes over the past week; has been miserable and she has been depressed; she feels horrible and has been falling on several occasions exacerbating her back pain injuring her wrists bilaterally and her left shoulder and left leg; cervicogenic headaches and radicular symptoms in both upper extremities have been progressively getting worse, hindering her activities of daily living; and severe numbness, tingling, weakness, and pain in her hands. Objective findings included wheel-chair-bound and unable to bear weight on her lower extremities; tenderness to palpation bilaterally with increased muscle rigidity; numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles; decreased lumbar range of motion with obvious muscle guarding; sensory loss with Wartenberg pinprick wheel distal to the T4 levels; muscle atrophy in the right lower

extremity; tenderness to palpation bilaterally of the cervical spine with increased muscle rigidity; numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles; decreased cervical spine range of motion. The treatment plan has included the request for Dilaudid 4mg, 4 times a day #120 (30 day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg, 4 times a day #120 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online Version, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with chronic neck, mid and low back pain. The current request is for Dilaudid 4mg, 4 times a day #120 (30 day supply). The Request for Authorization is dated 04/30/15. Treatment to date has included medications, diagnostics, injections, home exercise program, scooter, aquatic therapy, physical therapy, spinal cord stimulator implant, home health aide, and multiple surgical interventions. The patient is TTD. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument". The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient's most recent surgery was on 02/04/13. The patient is status post intrathecal pump on 06/10/13. Current medications include Intrathecal Dilaudid, Intrathecal baclofen, intrathecal bupivacaine, Oxycontin 40mg, Dilaudid 4mg, Norco 10/325mg, Neurontin 600mg, Baclofen 10mg, Prilosec 20mg, Zofran 8mg, Colace, Ambien 10mg, Effexor XR and Meloxicam. The patient has been prescribed Dilaudid since at least 10/28/14. Progress report 10/28/14 states that the patient is requesting an increase in medications as "she continues to require assistance with all activities of daily living". Report 12/09/14 and 02/20/15 stated "she requires oral analgesics in order to maintain her functional abilities and progress with her physical therapy". On 03/11/15 the treating physician reported that "she is currently on Oxycontin 40mg bid along with Dilaudid 4mg for breakthrough pain and Norco 10/325 mg". It was further noted that prior weaning attempts have been made with no success and the patient has a high tolerance and "this is about as low as we can go". In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement or changes in ADL's to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing Dilaudid. Furthermore, review of the 94 page medical file does not include a UDS, date of CURES check or any other discussion regarding possible aberrant behaviors. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.