

<b>Case Number:</b>	CM14-0173182		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 42-year-old female who has a date of injury of November 10th 2002. The mechanism of injury is not discussed in the provided documentation. Her most recent diagnoses per a 10/3/2014 progress note are as follows: joint derangement not elsewhere classified of an unspecified site, gait instability, Spinal lumbar degenerative disk disease, spinal stenosis, depression, lumbar radiculopathy, malaise and fatigue, and low back pain. Her most recent treatment includes continuation of narcotics, anti-inflammatory medications, and referral for an Orthopedics consultation. Notation is made of a pain management agreement in 10/2014, but no recent urine drug screen results have been provided. Her most recent physical exam of the lumbar spine noted moderate spasm, minimal hypertonicity, and moderate tenderness along the bilateral lumbar. Patient was previously treated with an intrathecal pain pump, but this was removed secondary to an infection. She had an intrathecal pain pump replaced in 01/2014. The patient is noted to be wheel chair bound in some of the documentation with a history of morbid obesity and multiple medical comorbidities. A utilization review physician did not certify a request to continue the patient's Dilaudid MS Contin, or Cetirizine medications. Therefore, an Independent Medical Exam was requested to determine the medical necessity of the medications in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use of Opioids, Therapeutic Trial Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Use Page(s): 120-125.

**Decision rationale:** In accordance with California MTUS guidelines, it is recommended that "dosing not to exceed 120 mg oral Morphine equivalents per day, and for patients taking more than one opioid, the Morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." This patient's medical records indicate that she is taking over 500 Milligram Equivalents (MME) of Morphine per day. She is taking Dilaudid 4mg every 3 hours per her most recent 10/3/2014 office note. She is also taking MS Contin 200mg po BID. The Dilaudid alone when prescribed at 4mg every 3 hours, being taken 8 times a day, adds up to 128 MME's. The MS Contin at 200 mg twice daily adds up to 400 MME's. When the Dilaudid and MS Contin MME scores are added together this patient is noted to be taking a total of 528 MME's per day. MTUS guidelines also encourage documentation of frequent drug screens as well as a pain management contract. This patient has a pain contract, but no documentation of urine drug screens have been provided. MTUS guidelines also state that chronic opiates should be continued if improved pain and functioning are noted. The 10/3/2014 follow-up visit note states that the patient has been taking her medications as prescribed and "reports minimal pain relief." Likewise, this request for Dilaudid is not medically necessary.

**MS Contin 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use of Opioids, Therapeutic Trial Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Use Page(s): 120-125.

**Decision rationale:** In accordance with California MTUS guidelines, it is recommended that "dosing not exceed 120 mg oral Morphine equivalents per day, and for patients taking more than one opioid, the Morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." This patient's medical records indicate that she is taking over 500 Morphine Milligram Equivalents (MME) per day. She is taking Dilaudid 4mg every 3 hours per her most recent 10/3/2014 office note. She is also taking MS Contin 200mg po BID. The Dilaudid alone when prescribed at 4mg every 3 hours, being taken 8 times a day, adds up to 128 MME's. The MS Contin at 200 mg twice daily adds up to 400 MME's. When the Dilaudid and MS Contin MME scores are added together this patient is noted to be taking a total of 528 MME's per day. MTUS guidelines also encourage documentation of frequent drug screens as well as a pain management contract. This patient has a pain contract, but no documentation of urine drug screens have been provided. MTUS guidelines also state that chronic opiates should be continued if improved pain and functioning are noted. The 10/3/2014 follow up visit note states that the patient has been taking her medications as prescribed and "reports minimal pain relief." Likewise, this request for MS Contin is not medically necessary.

**Certirizine HCL 10mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Family Physicians; A Diagnostic Approach to Pruritus. Brian V. Reamy, MD, Uniformed Services University of the Health Sciences, Bethesda, Maryland, Christopher W. Bunt, MAJ, USAF, MC, and Stacy Fletcher, Capt, USAF, MC, Ehrling Bergquist Family Medicine Residency Program, Offutt Air Force Base, Nebraska, and the University of Nebraska Medical Center, Omaha, Nebraska. Am Family Physician

**Decision rationale:** The California MTUS guidelines, ODG, and ACOEM do not offer guidance on the use of the medication Cetirizine. This patient's medical records indicate that it was being prescribed for anti-inflammatory uses. Records are not specific on the exact indication for prescription. The AAFP recommends the use of Cetirizine for Pruritus, which can have multiple etiologies. The exact diagnosis for which Cetirizine has been prescribed in this patient's case is not evident. The most recent office note dated 10/3/2014 states that the patient is taking this medication for "anti-histamine effects (thus, decreasing swelling and inflammation.)" The patient reported "significant pain relief and reduced swelling" - the office note does not state the location if this patient's swelling nor why she has swelling in the first place. There can be many reasons to have "swelling." Again, the reason this anti-histamine has been prescribed is not clear from the provided documentation. Likewise, this request for Cetirizine is not medically necessary.