

<b>Case Number:</b>	CM13-0003505		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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 Occupational Medicine and is licensed to practice in California and Hawaii. 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:

This patient is a 56 year-old male with a date of injury of 10/2/2008. A review of the medical documents indicate that the patient is undergoing treatment for low back pain, shoulder pain, lumbar post-fusion syndrome, failed lumbar fusion, radiculopathy, regional myofascial pain, chronic pain syndrome, lumbago, and sleep/mood disorders. Subjective complaints (10/23/2013) include low back pain and states that he is unable to exercise, walk, sit, or stand for prolonged period of time. Objective findings (10/23/2013) include antalgic gait, difficulty being seated, abnormal posturing, and difficulty rising from seated position, grimacing and shifting. Treatment has included physical therapy (number of sessions unknown); Dilaudid 4mg 1-2 tabs every 3 hours, DSS 250mg one capsule daily, valium 5mg 1 tab twice a day, tramadol 50mg 1 tab every 6 hours, and lumbar fusion in 2009. Records indicate that the patient is pending revision or another surgical procedure for his low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DILAUDID 4MG #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Page(s): 51, 74-96.

**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.” The Official Disability Guidelines (ODG) does not recommend the use of opioids for 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 document any of the following: the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief. The treating physician continues to indicate that the patient’s chronic pain and/or the pain medications reduces the patient’s energy level, disturbs his sleep, alters his mood, reduces his physical activity, and reduces his enjoyment for life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be upwards of 256, far in excess of MTUS recommended guidelines. As such, the question for Dilaudid 4mg, #300 is not medically necessary.