

<b>Case Number:</b>	CM13-0014913		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	08/31/2006
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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. 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 56-year-old male who was injured on 08/31/2006. The mechanism of injury is unknown. The patient's medications as of 11/26/2013 include MS-Contin 30 mg, morphine 15 mg, and Cymbalta 60 mg. The patient underwent revision of a lumbar laminectomy at L3, L4, and L5 and posterior lateral effusion with autograft and infuse Connexus on 04/23/2013. PR2 dated 09/26/2013 reports the patient has complaints of low back pain. He is 4 months status post lumbar fusion of L3, L4 and L5. He rates his pain as an 8/10. On exam, the patient has difficulty with standing but he is able to stand straight. There is SI joint tenderness. He has reasonably good motion at the lumbar spine. He reflexes are 1+ bilaterally and symmetrical. His sensation is intact. The patient is diagnosed with status post lumbar fusion of L3-L5. The plan is to put him on hydromorphone 4 mg 7 per day #210, one q. 4 hours as needed; and Nexium 60 mg 1 bid, Cymbalta 60 mg 1 per day, and diazepam 10 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROMORPHONE (DILAUDID) 4MG 1 TAB BY MOUTH ONCE A DAY AS NEEDED FOR BREAKTHROUGH PAIN #30/30 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

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

**Decision rationale:** According to the CA MTUS guidelines, Hydromorphone (Dilaudid) is a short-acting opioid, which is recommended for intermittent or breakthrough pain. The medical records document the patient is status post lumbar fusion of L3-L5 on 4/23/13. The patient was reportedly taking MS Contin extended release (a long-acting) and Morphine IR (a short-acting) for pain relief at the time of the request for Dilaudid. Guidelines do not recommend the simultaneous use of 2 short-acting opioids. Medical necessity is not established.