

<b>Case Number:</b>	CM13-0019804		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 45-year-old female who reported an injury on 12/08/2010 after she fell and hit her head on the edge of a desk. Injury resulted in multiple persistent physical, cognitive, and emotional deficits. The patient's treatments included medications, physical therapy, hospitalizations secondary to severe headaches, and injections. The patient's medications included Dilaudid 2 mg every day as needed for severe headaches, Topamax, dosage and frequency not stated, Norco 10/325 mg twice a day, Maxalt 10 mg as needed, Zomig as needed, Gabapentin, dosage and frequency not stated, and Nucynta extended release 100 mg twice a day. The patient was monitored for aberrant behavior with urine drug screens. The patient's diagnoses included traumatic brain injury with cognitive deficits, post-concussion headaches, head trauma, and chronic head pain. The patient's treatment plan included continuation of medications, activity modifications, a urine drug screen, and a neurological consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 1 tab by mouth 4 x day as needed #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongoing management Page(s): 78.

**Decision rationale:** The requested Dilaudid 1 tab by mouth 4 x day as needed #30 tablets is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by quantitative assessment of pain relief, specific documentation of increased functional benefit, managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The clinical documentation does include evidence of random urine drug screens to monitor the patient for compliance to the prescribed medication schedule. However, the most recent clinical evaluation does not provide an assessment related to the medication usage. It is noted within the documentation that this medication is taken for severe headaches. However, the patient is on several medications that provide pain relief of headaches. Additionally, there is no documentation of pain relief as a result of this medication or an evaluation of increased functional benefit related to this medication. As such, the requested Dilaudid 1 tab by mouth 4 x day as needed #30 tablets is not medically necessary or appropriate.