

<b>Case Number:</b>	CM13-0040915		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/12/2001
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Family Medicine, and is licensed to practice in Mississippi and Texas. 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 injured worker is a 36-year-old female who reported an injury on 04/12/2001. The mechanism of injury was not provided. On 10/01/2013, the injured worker presented with complaints of low back pain rated at 8/10. Medications include Dilaudid, Neurontin, Methadone, and Vistaril. Upon examination, there was 50% decreased range of motion secondary to pain in the low back. The diagnoses were postlaminectomy syndrome of the lumbar, sprain/strain of the lumbosacral, and chronic pain syndrome. The provider recommended Dilaudid 4 mg 3 to 4 times daily with a quantity of 100. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DILAUDID 4MG 3-4 TABS A DAY #100:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest dose should

be prescribed to improve pain and function, as well as ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The assessment should include current pain, least reported pain over the period since the 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 injured worker's decreased pain, increase in function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to a nonopioid analgesic. The documentation lacked evidence of efficacy of the medication, and a complete and accurate pain assessment and aberrant behaviors. As such, the request is not medically necessary.