

<b>Case Number:</b>	CM13-0062804		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Family Practice and is licensed to practice in 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 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 68 year old male who sustained an injury on 02/21/2013 due to heavy lifting. The patient has been diagnosed with lumbar facet syndrome, low back pain and muscle spasms. An MRI of the lumbar spine was performed on 10/07/2013 revealed an annular disc bulge at L3-4 and at L2-3. The patient also had mild degenerative disc disease and disc bulges at L4-5 with superimposed congenital narrowing of the spinal canal on a developmental basis. The patient's pain level has been unchanged for the past few exam visits. The patient did state that his quality of sleep is poor and he is not trying any other therapies for pain relief. He did go on to state that the medications are being taken as prescribed and are working well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Dilaudid 2mg:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, when using opioids, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects should be documented for review. Furthermore, a pain assessment should include the patient's current pain, the least reported pain over the period since last assessment, average pain, the intensity of the pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. In the case of this patient, the patient's response to the intake of Dilaudid was not objectively documented in the most recent reports. Additionally, there was no evidence of compliance in the form of a recent urine drug screen, which is also recommended under the Guidelines. Without having sufficient evidence that this medication has been effective in reducing the patient's pain, as well as documented compliance, using a urine drug screen, the requested service cannot be supported at this time. As such, the requested 90 tablets of Dilaudid 2mg are non-certified.