

<b>Case Number:</b>	CM13-0063273		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/24/2002
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	11/12/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 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 55-year-old female who reported an injury on 10/24/2002. The mechanism of injury was not provided. The patient was noted to be seeing the chronic pain management practice since 06/14/2006. The patient was implanted with an intrathecal drug delivery system on 03/23/2009. The patient has been noted to be taking oral opiates for greater than 1 year. The patient's diagnoses were noted to include lumbar and cervical Degenerative Disc Disease, left shoulder Degenerative Joint Disease, intrathecal and short-acting opiate, grief reaction, severe constipation, and persistent left mesial scapular myofascial pain. The treatment plan was noted to include a pump replacement due to the end of battery life, a Flector patch, continue H-wave, and Dilaudid 2 mg #30 for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one prescription of Dilaudid 2 mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

**Decision rationale:** California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was taking opiates for more than one year. Clinical documentation submitted for review failed to provide documentation of an objective improvement in function, and an objective decrease in the VAS. There was evidence that the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for one prescription of Dilaudid 2 mg # 30 is not medically necessary.