

<b>Case Number:</b>	CM13-0072608		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	09/27/1996
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Internal Medicine, and is licensed to practice in Maryland. 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 50 year old male with a date of injury 9/27/1996. The mechanism of injury is not specified in the available medical records. The patient has complained of lower back pain and bilateral lower extremity pain since the date of injury. There is no radiographic data included for review. He has had multiple lower back surgeries per the primary provider reports, however the details of the surgeries are not specified. He has also been treated with physical therapy and medications. Objective: tenderness to palpation of the lumbar spine; decreased range of motion of the lumbar spine, positive straight leg raise bilateral lower extremities, antalgic gait, decreased sensation to light touch bilateral lower extremities. Diagnoses: lumbar radiculopathy. Treatment plan and request: Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DILAUDID 4MG (#30):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 76,85-88,89.

**Decision rationale:** The current request is for continuation of Dilaudid. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS Chronic Pain Guidelines which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS Chronic Pain Guidelines, the request for Dilaudid is not medically necessary and appropriate.