

<b>Case Number:</b>	CM14-0003691		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, and rib pain reportedly associated with an industrial injury on April 23, 2009. Thus far, the applicant has been treated with the following: analgesic medications, attorney representation, opioid therapy, transfer of care to and from various providers in various specialties, and sleep aids. In a January 2, 2014 Utilization Review Report, the claims administrator denied a request for Hydromorphone (Dilaudid), citing lack of improvement of the same. In a medical-legal evaluation dated March 31, 2013, it was suggested that applicant was off of work, on total temporary disability. In a January 27, 2013 medical-legal evaluation, it was suggested that the applicant would likely undergo total hip arthroplasty within the next 5 to 10 years. In a medical-legal evaluation on February 12, 2011, the applicant was given a 10% whole person impairment rating. On December 13, 2013, the applicant was described as having persistent complaints of hip pain. The applicant was involved in a recent motor vehicle accident. The applicant reported neck pain, upper back pain, low back pain, and rib cage pain, hip surgery was pending. The following medications were endorsed; Rozerem, Dilaudid, and Celebrex. On September 4, 2013, authorization was sought for a total hip arthroplasty. On August 22, 2013, applicant was described as having ongoing complaints of hip pain. The applicant was reportedly functionally stable. The applicant's work status was not provided. The applicant was asked to employ Rozerem, was started on Dilaudid, and was furnished with Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROMORPHONE (DILAUDID) 2MG, #60/20 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, the applicant is off of work. The applicant's permanent work restrictions are apparently not accommodated by her employer. The applicant is described as exhibiting heightened pain associated with hip arthritis as opposed to reduce pain associated with the same. There is no description of any tangible or concrete improvements in function achieved as a result of ongoing Dilaudid usage; therefore the request is not medically necessary.