

<b>Case Number:</b>	CM14-0009436		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	09/27/1996
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 patient is a 51-year-old male with a 9/27/96 date of injury. 1/10/14 progress report described low back pain, lower extremity pain, cervical and left upper extremity pain, as well as occipital headaches. Pain radiates down the middle of the thigh, more on the left. Pain levels are 8/10. Current medications include Celebrex, Dilaudid, Norco, and Soma. 2/14/14 progress note described ongoing low back, lower extremity, cervical area, and left upper extremity pain. The patient also described occipital headaches. Pain levels are 8/10. Clinically, there was tenderness and reduced range of motion in the cervical spine, tenderness in the thoracic spine, tenderness and reduced range of motion the lumbar spine, with positive straight leg raising bilaterally. There is moderate tenderness over both knees. Treatment plan discussed refill of medications. The patient reported good pain control with opioid pain medications and increasing physical activity, improvement and ADLs, and improvement in mood, as well asleep. There were no side effects noted from the current medications. The patient did not report any aberrant behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DILAUDID 4MG #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Therapy for Chronic Pain Jane C. Ballantyne, M.D. and Jianren Mao, M.D., Ph.D.[http://www.americanpainsociety.org/uploads/pdfs/Opioid\\_Final\\_Evidence\\_Report.pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf)Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine, New England Journal of Medicine.

**Decision rationale:** This request is found medically reasonable. The patient is prescribed hydrocodone. Morphine equivalency of both medications is under the 120 MED that is deemed safe and guideline supported for treatment of chronic non-cancer pain. The most recent note described functional improvement, as well as pain improvement. Although pain levels remained significantly high, 8/10, due to functional improvement, increased ADLs, and lack of aberrant behavior or side effects, the medication is deemed medically reasonable. It appears that there is continued medication management evaluation as described in a 2/17/14 progress note. In patients with chronic pain syndromes, it is not always possible to significantly reduce pain levels, however it is apparent that the patient obtains some pain relief with ability to be more active. The request is substantiated.