

<b>Case Number:</b>	CM14-0015931		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	05/05/2000
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 05/05/2000. The mechanism of injury was not provided in the medical records. The patient was diagnosed with thoracic or lumbosacral neuritis or radiculitis, unspecified. The patient was noted to have chronic low back pain. The patient was noted to have tried and failed many combinations of medications due to allergy and adverse reaction, and had found stability in her combination of medications that include OxyContin, Dilaudid, Elavil, Valium, and Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF DILAUDID TABLET 4MG, 30 DAYS QTY 180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS DOSING Page(s): 78-86.

**Decision rationale:** The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant

drug-taking behaviors. The documentation submitted for review indicated that the patient's current medication combination provided restorative function, allowing her to perform her ADLs without adverse effects. However, the California Guidelines recommend that opioid dosing do not exceed 120 mg oral morphine equivalents per day. The morphine equivalent doses of the different opioids must be added together for patients taking more than one opioid, to determine the cumulative dose. As documentation indicated the patient is also currently taking OxyContin 80 mg 3 times a day, the dosing exceeds the 120 mg recommendation. Therefore, the request is not supported. Given the above, the request for the prescription of Dilaudid tablet, 4 mg, 30 days, quantity 180, is non-certified.