

<b>Case Number:</b>	CM14-0140162		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/16/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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, has a subspecialty in Interventional Spine 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 57 year old male with an injury dated of 10/16/10. Based on 07/10/14 progress report provided by [REDACTED] the patient reports headaches, back pain, depression and sleep disturbance. Examination of the lumbar paraspinal region shows hypertonicity of muscles. There are multiple trigger points in the trapezius and lumbar paraspinal region. Patient status is: not working, disability, permanent and stationary. Diagnosis 07/10/14 include, headache, hypertensive disorder, nausea, helicobacter pylori gastrointestinal tract infection, carpal tunnel syndrome, anxiety disorder, gastric reflux, depressive disorder and insomnia. [REDACTED] is requesting Dilaudid/Hydromorphone 8mg #70. The utilization review determination being challenged is dated 08/22/14. The rationale is "lack of evidence of quantifiable pain relief. There is a modified approval for Dilaudid/Hydromorphone 8mg #20." [REDACTED] is the requesting provider, and he provided treatment reports from 02/19/14 - 08/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid / Hydromorphone 8 Mg #70:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** The patient presents with headache, low back pain, depression and insomnia. The request is for Dilaudid/Hydromorphone 8mg #70. Per the physician report dated 07/10/14, Diagnosis includes headache, hypertensive disorder, nausea, helicobacter pylori gastrointestinal tract infection, carpal tunnel syndrome, anxiety disorder, gastric reflux, depressive disorder and insomnia. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In review of reports, functional benefits of requested medication could not be found. There are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.