

<b>Case Number:</b>	CM14-0173784		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57 year old female who reported an injury on 04/04/2008 due to an unspecified mechanism of injury. She was diagnosed with chronic pain syndrome and carpal tunnel syndrome. Her past treatments include medications and home exercises. No pertinent diagnostic and surgical history were provided within the documentation. On 09/12/2014, the injured worker reported hand and wrist pain, rated 6/10. No objective motor strength or range of motion values were provided within the documentation. Her current medications included Dilaudid 4mg twice a day and Gabapentin 300mg up to four times a day. The injured worker has been prescribed Dilaudid since at least 07/01/2014. The treatment plan included refill medication. A request for Dilaudid Tab 4mg #30 to wean to discontinue was submitted; however, the rationale was not provided. A Request for Authorization was submitted on 09/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid Tab 4mg #30 to wean to discontinue:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 16, 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Weaning of medications Page(s): 78, 124.

**Decision rationale:** The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use and side effects. The guidelines specify that an adequate pain assessment should include current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. More specifically, the guidelines recommend weaning opioids by tapering the patient's medication dosage by 20-50% per week of the original dose for patients who are not addicted. The documentation submitted for review does indicate that the use of Dilaudid managed her pain; however, it does not indicate that it helps increase her ability to perform activities of daily living. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of evidence demonstrating the injured worker had consistent urine drug screens verifying appropriate medication use. The request does indicate a tapering of 50% of the original dose; however, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Based on the documentation provided, use of the Dilaudid would not be supported by the guidelines. As such, the request is not medically necessary.