

<b>Case Number:</b>	CM14-0031312		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/09/1996
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Orthopaedic Surgery 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 injured worker is a 58-year-old female who was reportedly injured on December 9, 1996. The mechanism of injury was not listed in the records reviewed. The injured employee was diagnosed with complex regional pain syndrome, depression and anxiety. The most recent progress note dated February 21, 2014, indicated there were ongoing complaints of bilateral lumbosacral pain that is constant worse with walking, sitting and pulling weeds. Claimant has left leg pain from her knee down described as intermittent to both feet. The claimant also reports left arm pain. The pain was described as burning and stabbing in nature. The physical examination demonstrated an alert and oriented times three individual. Cognitive function was normal. Examination of the extremities was not documented Diagnostic imaging was not listed in these records. Previous treatments included status post spinal cord stimulator implantation and removal, status post lumbar laminectomy, physical therapy, status post left knee arthroscopy, status post intrathecal pump insertion and removal and medications MS-Contin, Kadian, Soma 350 and Lyrica. A request had been made for Dilaudid 8 mg tabs up to six times a day (1-2 per dose) and was not certified in the pre-authorization process on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg tabs up to 6 times a day-1-2 tabs dose:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

**Decision rationale:** According to MTUS guidelines, Dilaudid is a short acting opioid used for short-term management of moderate to severe breakthrough pain. The medication should include the lowest possible dose to improve pain and function as well as ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. The patient is on very high dose of this medication, and there is a lack of documentation of any noted efficacy. The four A's were not addressed at the office visit. Documentation revealed drug escalation despite taking medication, not as prescribed. As such, this request is considered not medically necessary.