

<b>Case Number:</b>	CM14-0032998		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 39 year old female who was being followed for an industrial injury to her lower back. Her date of injury was 01/31/03. Her history was significant for L4-5 discectomy, L3-S1 fusion, fibromyalgia, sleep disturbances. Her pain was 10/10 in lower back with radiation to both legs with legs feeling dead and heavy. Her medications included Dilaudid 4mg one tablet PO TID and then 2 tablets at bedtime, Mirtazapine, Dexilant and Ranitidine. During her visit on 10/18/13, she had 10/10 pain and was unable to get out of her car. She was noted to be overusing Dilaudid during that visit, since she was taking almost 7.5 yo 8 tablets per day as opposed to the five she had been prescribed. During her office visit on 10/02/13, she had complained of 10/10 pain. She had been noted to have tried a number of medications without relief. She also had failed spinal stimulator in 2011, failed to get relief from Physical therapy, trigger point injections, epidural steroid injections and TENS units. She also had failed to improve or had side effects with Celebrex, Fentanyl, Oxycontin, Trazodone, Methadone and Flexeril. The request was for Hydromorphone, 4mg 4 tablets per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROMORPHONE 4MG, 4 TABLETS PER DAY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 80 - 88 Page(s): 80-88.

**Decision rationale:** The employee was being treated for lumbar pain. She had failed multiple conservative measures including Physical therapy, medications and also had failed to show improvement with invasive procedures including surgery and injections. She was taking hydromorphone 4mg. She had not returned to work and had very poor functional status with ability to walk with a walker. Also, it doesn't appear that she had returned to work. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors, In addition, criteria for continuation of opioids include evidence of improved functioning, reduced pain and/or successful return to work. In this case, it does not appear that the employee was showing any functional improvement, improvement of pain or was able to go back to work. In addition, she was noted to be overusing her pain medications and there was no documented urine toxicology testing done. The request for Hydromorphone is not medically necessary or appropriate.