

<b>Case Number:</b>	CM14-0034379		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/20/1996
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Minnesota. 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 46 year old female who reported an injury on 11/20/1996 due to unknown mechanism. The injured worker's pain was unchanged. Describes the pain as sharp, dull, aching, throbbing, pins and needles, stabbing, and numbness. Physical examinations on 05/01/2014 revealed with palpation and tenderness several trigger points over trapezius and cervical area. Thoracic exam was normal. Lumbar/sacral exam palpation and tenderness were normal with diffuse tenderness. Sciatic notch tenderness on the left. Diagnostic studies were not submitted. Current diagnoses was dilaudid 4mg one every 6 hours maximum of 4 daily, duragesic 25 mcg/hr (fentanyl) 2 patch every 48 hours, Cymbalta 30mg one three times daily, soma 350mg one three times daily, Lidoderm 5% patch apply up to 3 patches every 24 hours as directed, ambien 10 mg one at bedtime, synthroid. There were no reports of physical therapy sessions. Diagnoses were cervical myofascial pain syndrome, cervicgia, cervical radiculopathy, fibromyalgia, depressive disorder, moderate, chronic pain. Treatment plan was for dilaudid 4mg quantity 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75,77,78,88.

**Decision rationale:** The injured worker has no report of physical therapy or drug screening. California Medical Treatment Utilization Schedule states there are four domains for ongoing monitoring of chronic pain patients on opioids, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the four A's, analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Document pain and functional improvement and compare to baseline. Continuing review of overall situation with regard to nonopioid means of pain control and assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The document lacks diagnostic studies, reported trials with nonopioid medications such as anticonvulsants, and physical therapy sessions or physical medicine. Therefore, request for Dilaudid 4mg #120 is not medically necessary.