

<b>Case Number:</b>	CM14-0040056		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/01/2001
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/05/2014

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 63-year-old female who was injured on June 1, 2001. The patient continued to experience low back pain and bilateral knee pain. Physical examination was notable for mild facet column tenderness of the lumbar spine, swelling of the left knee, and normal motor and sensory function of the lower extremities. Diagnoses included left knee pain, post knee revision, and lumbar facet pain. Treatment included dilaudid 8mg and hydrocodone/acetaminophen 10/325. Request for authorization for dilaudid 8mg # 120 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF DILAUDID 8MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Dilaudid is the opioid hydromorphone. The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. The criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic,

failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. Respiratory depression and apnea are of major concern with dilaudid use. In this case, the patient was taking a maximum of 32mg daily, which is 128 morphine equivalents. She was taking an additional eight (8) tablets of 10/325mg hydrocodone/acetaminophen daily, which is 80 morphine equivalents. The maximum recommended daily dose of morphine equivalents is 120mg. In this case, the patient's daily intake of opioid medications surpasses the recommended daily maximum. In addition, there is no documentation that the patient is obtaining analgesia, that she has signed an opioid contract, or that she is participating in urine drug screening. The criteria for long-term opioid use have not been met. Therefore, the request should not be authorized.