

<b>Case Number:</b>	CM14-0060850		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Neurology and is licensed to practice in New Jersey. 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 49-year-old man who sustained a work-related injury on May 10, 2004. Subsequently, he developed chronic neck, shoulder, and arm pain. The progress report dated March 27, 2014 stated that the patient reported a pain severity of 7/10. He reported improvement of his depression with use of Lexapro. He reported Dilaudid had worked well and he was tolerating use of Methadone. His sleep had been poor and he was using Amitriptyline for sleep at this time. The patient had chronic daily headaches, neck pain, and shoulder pain. Physical examination noted that he had normal gait, tender paracervical muscles, and stiffness and discomfort with cervical reduced range of motion. He had tenderness over the shoulder and upper trapezius muscle, discomfort with shoulder range of motion, and 5/5 upper extremity strength. He continued Methadone, Dilaudid, and was using Lexapro. The progress report dated July 15, 2014 stated that the patient is in excruciating pain following cervical fusion. Patient had 2 discs replaced and 2 levels fused. Since surgery, patient has suffered from neck pain, and severe daily headaches. The patient was diagnosed with cervicogenic headaches, depression secondary to pain, bilateral upper extremity neuropathy, and post cervical fusion. The provider requested authorization for Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of Opioid use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, Dilaudid a short acting opioid, is seen an effective medication to control pain. The medical records did not indicate that current opioid dosing was resulting in a decrease in pain, improvement in function, or improvement in quality of life. The patient still had 7/10 pain despite the use of Dilaudid. Continuation of opioid medications is not indicated. MTUS guidelines support a gradual weaning of Dilaudid to avoid withdrawal symptoms. Therefore, the request for Dilaudid 4 mg #120 is not medically necessary.