

<b>Case Number:</b>	CM14-0072635		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/07/2006
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Pain Management, has a subspecialty in Interventional Spine, 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:

This patient is a 66-year-old with an injury date of 7/7/06. The patient complains of chronic, severe, intractable low back and bilateral lower extremity pain related to a history of post laminectomy syndrome, lumbar, per a 4/25/14 report. The injured worker states the pain radiates to the left hip and bilateral legs/feet, according to the 4/25/14 report. She has tried and failed many medications, including Oxycodone, which caused side effects, but states Dilaudid is the best pain remedy. Based on the 4/25/14 progress report, the diagnoses are: intervertebral lumbar disc disorder with myelopathy, lumbar region; other acute reactions to stress; post-laminectomy syndrome, lumbar region; lumbago; and thoracic/lumbosacral neuritis/radiculitis, unspecified. The exam on 4/25/14 showed deep tendon reflexes in the upper/lower extremities are decreased but equal. In the lumbar spine, there was tenderness to palpation noted in the lumbar paraspinals. Lumbar range of motion (ROM) was decreased by 30% in all planes. The examiner noted antalgic gait, and the injured worker ambulates with a single-point cane. The doctor is requesting 180 Hydromorphone HCL (Dilaudid) 8mg, 1 tablet every 6-8 hours for severe pain as related to lumbar spine injury. The utilization review determination being challenged is dated 5/9/14. The requesting provider submitted treatment reports from 11/1/13 to 6/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 Hydromorphone HCL (Dilaudid) 8 mg, 1 tablet every 6-8 hours for severe pain as related to lumbar spine injury: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; the Physician's Desk Reference, 68th edition; www.RxList.com; and the Official Disability Guidelines (ODG) Workers Compensation Drug Formulary: www.odg-twc.com/odgtwc.formulary.htm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for 180 Hydromorphone HCL (Dilaudid) 8mg tablets, to be taken every 6-8 hours for severe pain as related to lumbar spine injury. For chronic opioid use, MTUS guidelines require specific documentation regarding pain and function, including: the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, guidelines require documentation of the 4 A's for ongoing monitoring: analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-seeking behavior. In review of the included reports, they do not discuss opiate management. The treater does mention improvement in activities of daily living and a lack of side effects, but no specifics are provided in terms of the ADLs. Furthermore, analgesia and aberrant drug-seeking behavior are not addressed, and there is not a sufficient discussion regarding pain and function related to the use of Hydromorphone. Given the lack of sufficient documentation regarding chronic opioid management as required by MTUS, this request is not medically necessary or appropriate.