

<b>Case Number:</b>	CM14-0074195		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old female was reportedly injured on 8/14/2003. The mechanism of injury was noted as a slip and fall. The claimant underwent a lumbar fusion at L5-S1 in 2009 and a revision surgery in 2011. The most recent progress note dated 7/23/2014 indicates that there are ongoing complaints of low back pain radiating down both legs. Physical examination demonstrated lumbar flexion 30, extension 10; positive SLR; paraspinal lumbar musculature spasming; antalgic posture, leaning forward and to the right; altered sensory loss to light touch and pinprick in the left lateral calf and bottom of foot. The patient ambulated with a limp on the left. DTRs +1 at the knees/ankles. Toes down going to plantar flex bilaterally. No recent diagnostic imaging studies available for review. Previous treatment included Dilaudid, Latuda, Pristiq, Ativan, Zofran and Phenergan. A request had been made for Dilaudid 4 mg #120, which was modified for #68 in the utilization review on 5/12/2014.

### 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 Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74, 78, 93.

**Decision rationale:** MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant reports chronic low back pain since an injury in 2003 status post lumbar fusion at L5-S1. She reports 50% improvement in function/pain with Dilaudid, but this medication is recommended for short-term use and she has taken it for over 6 months. As such, this request is not considered medically necessary.