

<b>Case Number:</b>	CM14-0077724		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/25/1998
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Occupational Medicine 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:

The patient is a 68-year-old female employee with date of injury of 6/25/1998. A review of the medical records indicates a diagnosis of "Status post fusion L4-5, L5-S1, Segmental instability L3-4 and bilateral S1, and Spinal stenosis L3-4 (11/13/2012). Subjective complaints include (10/17/2012) "a huge flare of unremitting lower back, radiating leg pain, bilateral groin pain". Subjective complaints do not indicate pain rating before or after medication, average pain rating, and pain rating without medication. Objective findings include the segmental instability and spinal stenosis at the level above a L4-5, L5-S1 lumbar laminectomy and fusion (date of procedure was not indicated in medical records). Treatment has included a transforaminal epidural with epidurogram on Left L3, Right L3, and Right S1 (11/13/2012). Medications have included Percocet 8/day, Dilaudid 6/day, Demerol 8/day, Effexor 150mg 3/day, Ativan 4/day, Celebrex 1/day (was taking these medications for several years according to physician's note dated 5/28/2014). The utilization review dated 5/9/2014 non-certified the request for Dilaudid tabs 2 mg 100's due to excessive use for this particular treatment involving opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DILAUDID TABS 2MG 100'S:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**Decision rationale:** According to the MTUS Guidelines, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." The Official Disability Guidelines (ODG) does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has far exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not detail any of the pain assessment components (current pain, least reported pain, average pain, intensity after medication, etc.) necessary per the guidelines and opioid weaning should occur. As such, the request for Dilaudid 2mg, 100's is not medically necessary.