

<b>Case Number:</b>	CM14-0189863		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	06/06/1997
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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, 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:

The patient is a 49-year-old male with date of injury of 06/06/1997. The list of diagnoses from 10/14/2014 are: 1. Failed back surgery syndrome 2. Lumbar radiculopathy 3. Lumbar discogenic spine pain 4. Chronic pain According to this report the patient complains of lumbar and left sciatic pain that is well controlled with medication and a Spinal Cord Stimulator. The Spinal Cord Stimulator and medications provide functional relief and reduction of pain by 60%, giving him the ability to stay active and complete his activities of daily living. The examination of the lumbar spine shows tenderness and spasms at the L4 - L5 levels. There is decreased strength in the left lower extremity. Mild effusion and crepitation with range of motion of the left knee. Sciatic notch tenderness was noted on the left. The documents include a UDS from 05/12/2014 and progress reports from 05/08/2014 to 10/14/2014. The utilization review denied the request on 10/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg, 1-2, 4 times a day as needed #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, opioids Page(s): 78,80-81, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 78.

**Decision rationale:** This patient presents with lumbar and left sciatic pain. The treater is requesting DILAUDID 4 MG, 1 TO 2, FOUR TIMES A DAY AS NEEDED QUANTITY 180. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Dilaudid on 05/08/2014. The 08/14/2014 report shows no changes in the patient's condition. His medication regimen and spinal cord stimulator allow functional relief including maintaining good pain control and function. The patient's pain is reduced by 50% with medication and he is able to complete daily activities of the living including staying active. The urine drug screen from 05/12/2014 showed consistent results with prescribed medications. The 10/14/2014 report notes that the patient's good day pain rating is 5/10 and his pain at its worse is 10/10. He is currently working part-to-full time. While side effects were not noted, the treater has provided adequate documentation to satisfy the criteria required by the MTUS guidelines for the continued use of this medication. The request is medically necessary.