

<b>Case Number:</b>	CM15-0005429		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/05/2000
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 51-year-old male with a reported injury on 08/05/2000. The mechanism of injury was twisting. The injured worker's diagnoses included chronic pain syndrome, low back pain, and right knee degenerative disc disease. The injured worker's past treatments included crutches, multiple surgical interventions, Synvisc injections, chiropractic therapy, and medications. There were no relevant surgeries or diagnostic studies included in the documentation. On 12/08/2014, the injured worker was noted to be 12 weeks status post left total knee replacement. The injured worker reported improvement in pain, but stated it increased with activity. He was currently in physical therapy 2 times a week. He was currently taking Dilaudid 4 mg and long acting Dilaudid 8 mg every day. He reported his right knee became more problematic for the past 6 to 8 weeks. He described the pain as sharp and extreme, worse with weight bearing activity. He rated the pain an 8/10 on the pain scale. He was scheduled for surgery January of 2015. Upon physical examination, the injured worker was noted to walk with a slight limp. There was minimal joint line tenderness noted. The injured worker was noted with motor and sensory intact distally. The injured worker's medications included Wellbutrin 75 mg, Soma 350 mg, Valium 10 mg, hydromorphone 8 mg, Celebrex 200 mg, Lovenox 40 mg/0.4 mL injection, Neurontin 300 mg, Dilaudid 4 mg, Zofran 4 mg, MiraLAX 17 gram packet and Senokot 8.6 mg. The request was for Dilaudid 4 mg #120. The rationale for the request was not clearly provided.

### 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 for chronic Pain Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The request for Dilaudid 4 mg #120 is not medically necessary. According to the California MTUS Guidelines, continuation of opioid therapy may be recommended for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include a current quantified pain, the least reported pain since the last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. The 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker reported increasing pain that was rated a 9/10 after physical therapy. The injured worker was noted with restricted range of motion to the bilateral knees on physical examination. The documentation did not provide sufficient evidence of significant objective functional improvement or significant objective decrease in pain as a direct result of the Dilaudid use. The documentation did not include a current urine drug screen or risk assessment profile. In the absence of documentation with sufficient evidence of significant objective functional improvement and decrease in pain, a current urine drug screen, a risk assessment profile and an updated and signed pain contract, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.