

<b>Case Number:</b>	CM15-0100670		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/01/2001
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52-year-old female, who sustained an industrial injury on July 1, 2001. The injured worker was diagnosed as having chronic neck pain, persistent abnormal sensations, buzzing localized to face, and neck, bowel and bladder dysfunction, and chronic musculoligamentous sprain/strain of the lumbosacral spine with right greater than left lower extremity radiculitis secondary to underlying degenerative disc disease by history. Treatment to date has included cervical surgeries, CT scans, right wrist surgeries, MRIs, and medication. Currently, the injured worker complains of facial pain, numbness, tingling, and buzzing, and residual cervical and lumbosacral spine pain after multiple surgeries in both regions. The Treating Physician's report dated March 11, 2015, noted the injured worker reported the buzzing was so intense that she could not think, taking three tablets of Exalgo for the facial symptoms, rated a 3 to 3½ with the medication with cessation of the buzzing, and rated an 8 to 9 without medication. Physical examination was noted to show range of motion (ROM) of the cervical spine only about 10 degrees in all planes with extension being the most painful. The treatment plan was noted to include a request for authorization for Dilaudid for breakthrough pain. The injured worker was noted to be permanent and stationary, too disabled to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic neck, head, and face pain. Medications are referenced as decreasing symptoms from 8-9/10 to 3-3.5/10. When seen, there was significantly decreased and painful cervical spine range of motion. Medications being prescribed included Exalgo and Dilaudid at a total MED (morphine equivalent dose) of 112 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Dilaudid is a short acting opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain control, improved activities of daily living, and improved quality of life. The total MED (morphine equivalent dose) was 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Dilaudid was medically necessary.