

<b>Case Number:</b>	CM15-0103385		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	11/18/2004
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old female patient who sustained an industrial injury on 11/18/04. The diagnoses include lumbosacral spondylosis without myelopathy, lumbago and depressive disorder not otherwise specified. Per the AME note dated 6/5/15, she had complaints of chronic low back pain with radiation to both legs; headache. Per the doctor's note dated 5/7/2015, she had chronic low back pain. Her pain level was noted as 8/10 without medication and 2/10 with the use of medication. Physical examination revealed tenderness to lumbar paraspinous area with positive straight leg raise bilaterally. The medications list includes hydromorphone, zoloft, relpax for migraine and multiple vitamins tablets. She has had lumbar MRI dated 12/13/2012, which revealed mild disc degeneration at L3-4 and L4-5; EMG/NCS dated 7/31/12, which revealed L5, and S1 radiculopathy, left more than right. Previous treatments included medication management, injection therapy, selective nerve root block, and the occasional use of a cane. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid), Opioids On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page 76-80.

**Decision rationale:** Dilaudid contains hydromorphone, which is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. "The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. "The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control (NSAIDS/tricyclic antidepressants/ anticonvulsants) is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. Dilaudid 4mg #240 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.