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| <b>Case Number:</b>   | CM15-0103785 |                              |            |
| <b>Date Assigned:</b> | 06/08/2015   | <b>Date of Injury:</b>       | 09/14/2013 |
| <b>Decision Date:</b> | 07/07/2015   | <b>UR Denial Date:</b>       | 05/06/2015 |
| <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: 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 53 year old male, who sustained an industrial injury on September 14, 2013. The injured worker was diagnosed as having cervical disc disorder, lumbar spondylosis, ilioinguinal neuralgia, and cervical facet syndrome. Treatment to date has included physical therapy, MRIs, cervical medial branch block radiofrequency neurotomy, CT scan, lumbar median branch block, epidural steroid injection (ESI), acupuncture, and medication. Currently, the injured worker complains of back pain radiating from the low back down the right leg and lower backache. The Treating Physician's report dated April 16, 2015, noted the injured worker rated his pain with medications as 5.5 on a scale of 1 to 10, and rated as 10 without medications, able to function with the aid of pain medication. The injured worker's current medications were listed as Miralax, Colace, Dilaudid, Zanaflex, Lexapro, and Nexium. Physical examination was noted to show the cervical spine with restricted range of motion (ROM), and the lumbar spine with limited range of motion (ROM) and on palpation, paravertebral muscles, spasm, slight tenderness and tight muscle band noted on both sides. Lumbar facet loading was positive on the left side. The treatment plan was noted to include previous requests for authorization for additional physical therapy sessions and continued medications including Dilaudid, Miralax, and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid tablets 2 mg Qty: 120.00 (Prospective DOS 4/1/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Dilaudid tablets 2 mg Qty: 120.00 (Prospective DOS 4/1/15) is not medically necessary and appropriate.