

<b>Case Number:</b>	CM15-0139394		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: New Jersey  
 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:

The injured worker is a 47 year old female who sustained an industrial injury on 04/09/96. Initial complaints and diagnoses are not available. Treatments to date include medications, moist heat, home exercises, stretches, and an intrathecal pain pump. Diagnostic studies are not addressed. Current complaints include left foot pain. Current diagnoses include reflex sympathetic dystrophy, fibromyalgia, urinary incontinence, and chronic pain. In a progress note dated 06/04/15 the treating provider reports the plan of care as medication including Soma and Dilaudid. The requested treatment includes Dilaudid. The documentation supports that the injured worker has been on the same dose of Dilaudid since at least 01/07/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, there was insufficient evidence from the documentation that this complete review was completed in the recent history regarding the Dilaudid use. Although there was a report which stated a conversation took place regarding side effects of this medication, there was no documentation of functional gains or pain level reduction with the use of Dilaudid to help justify its continuation. Also, it is unclear how much and how often the worker was using this medication as this was not reported in the notes. This worker also is taking much more than the recommended limit of 120 mg oral morphine equivalents per day. Therefore, considering these factors, the request for Dilaudid 8 mg #300 is not medically necessary at this time. Weaning may be indicated.