

<b>Case Number:</b>	CM15-0141321		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, 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 51 year old female, who sustained an industrial injury on 7-12-2012. She reported cumulative trauma of the left thumb. The injured worker was diagnosed as having left shoulder impingement, status post left first carpal metacarpal joint arthroplasty, volar capsulodesis of the thumb. Treatment to date has included urine drug screen (8-18-2014), QME in psychology (9-25-2013). The request is for Dilaudid. On 3-5-2015, she reported increased left shoulder pain. Her medications are: Klonopin, Cymbalta, Hormone patch, and Norco. The treatment plan included: Kenalog injection into the left shoulder, Norco, and Naprosyn. She was placed on restricted duty. On 6-8-2015, she reported worsening left shoulder pain while performing her regular work duties, and increased difficulty with use of the left arm. She reported not tolerating Norco well due to dizziness. Current medications are: Klonopin, Cymbalta, Hormone patch, and Norco. The left shoulder pain is noted to be considered a separate claim from the left thumb claim. The provider indicated she was in need of left shoulder surgery. He gave her an injection in the left shoulder in May 2015 and her symptoms have continued where she was unable to work for the past 2 days. The treatment plan included: Dilaudid, orthopedic surgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg 1 to 3 tabs daily #40: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiate pain medication, (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120.

**Decision rationale:** Regarding the request for Dilaudid, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the current request is not medically necessary.