

<b>Case Number:</b>	CM15-0149858		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 59 year old female, who sustained an industrial injury on 06-27-2008, secondary to lifting an item from the floor to waist level resulting in lower back pain. On provider visit dated 07-16-2015 the injured worker has reported lower backache. Pain with medication was rated as 8 out of 10 and without medication as 9 out of 10. On examination of the lumbar spine revealed restricted range of motion, and tenderness to palpation of paravertebral muscles bilaterally. Lumbar facet loading was positive on both sides. The diagnoses have included lumbar facet syndrome and chronic lower back pain-strain-sprain and possible lumbar radiculopathy. Treatment to date has included TENS unit, home exercise program and medication which included Dilaudid. The injured worker was noted to be working her regular work activities. The provider requested Dilaudid 2mg. A progress report dated July 16, 2015 shows the urine toxicology screen was performed. The patient states that her pain is 8/10 with medication and 9/10 without medication. The risks of opioid medications were discussed with the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2mg Qty: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89, 54-55, 74-75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Dilaudid (hydromorphone), 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 and minimal pain reduction. 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 currently requested Dilaudid (hydromorphone) is not medically necessary.