

<b>Case Number:</b>	CM15-0188234		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/04/1999
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 52 year old male who sustained an industrial injury October 4, 1999. He has a history of chronic neck and low back pain in the setting of cervical disc degeneration and lumbar disc degeneration, status post anterior lumbar fusion L4-5. According to a nurse practitioner's progress report dated August 27, 2015, the injured worker presented for his routine office visit and medication refills. He reports his pain 6-7 out of 10 with medication and 8-9 out of 10 without medication. He is pending authorization for physical therapy. He also reported chronic medication maintenance regimen, activity restriction, and rest continues to keep his pain within a manageable level to complete activities of daily living. Current medication included MSContin, Dilaudid, Baclofen, Zyprexa and Depakote. Review of systems included; ambulates with a cane; sinus problems; depression or anxiety stable; hypoesthesia and Dysesthesia in the posterolateral aspect of the posterior legs; new onset of numbness and tingling in the left arm. Objective findings included; cervical- range of motion is full, positive Spurling's, severe tenderness left C3-4 and exquisite tenderness C7-8, flinching in pain; lumbar spine- range of motion restricted, straight leg raise positive; painful internal and external rotation of left hip. Diagnoses are bipolar disorder, unspecified; depressive disorder; osteoarthritis of spinal facet joint; cervical and lumbar radiculopathy; lumbar post-laminectomy syndrome. At issue, is a request for authorization for Dilaudid 2mg #60. A Reditest Drug Screen dated April 1, 2015 is present in the medical record. According to utilization review dated September 9, 2015, the request for Baclofen 10mg #60 and MSContin 15mg #60 are certified. The request for Dilaudid 2mg #60 is modified to Dilaudid 2mg #45 and the remaining #15 is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

**Decision rationale:** Review indicates the request for Dilaudid was modified to #45 for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). 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 change in functional status. 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 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Dilaudid 2mg #60 is not medically necessary and appropriate.