

<b>Case Number:</b>	CM15-0190436		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/13/1985
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 62 year old female injured worker suffered an industrial injury on 8-13-1985. The diagnoses included degenerative lumbar lumbosacral disc disease, thoracic lumbar neuritis, cervical post-laminectomy syndrome, chronic pain syndrome. On 8-4-2015 the provider noted there was a signed narcotic agreement. On 9-1-2015 the treating provider reported continued chronic pain in the neck, back and legs and worsening symptoms since last visit rated 4 out of 10. The provider noted the urine drug screen from 8-4-2015 and it was consistent, with no aberrant behavior. On exam she had an altered gait utilization of a cane for walking. The provider noted the pain was moderately controlled with the current pain regime. The request treatment had been in use for at least since 4-7-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, and no evidence of functional improvement with requested treatment. Prior treatment included medication, TENS therapy, acupuncture and psychological counseling. Diagnostics included urine drug screen 8-4-2015. Request for Authorization date was 8-25-2015. The Utilization Review on 9-24-2015 determined modification for Dilaudid 8mg quantity #150 to #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg quantity 150:** 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, Opioids, long-term assessment.

**Decision rationale:** Review indicates the request for Dilaudid was modified to #90 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 1985 injury without acute flare, new injury, or progressive neurological deterioration. The Dilaudid 8mg quantity 150 is not medically necessary and appropriate.