

<b>Case Number:</b>	CM15-0191610		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Arizona, California  
 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 45-year-old female who sustained an industrial injury 8-1-2011. Diagnoses have included cervicalgia, headaches, and right sacroiliac joint pain. Documented treatment includes cervical discectomy and fusion at C4-5 and C5-6 in January of 2012 with reported worsening of symptoms after the surgery; right-sided cervical medial branch blocks above the level of her fusion with "no significant benefit"; cervical epidural steroid injection with "no benefit"; and, medication including Ibuprofen, Lyrica, Soma, Percocet, Ambien, MS Contin, and Dilaudid, all since at least 3-10-2015. At that time, she reported medications to be "extremely helpful," but that she was noting some tolerance. By 7-6-2015, she noted she had lowered her number of Dilaudid from 4 to 3 per day, and soma from 4 to 2, and this intake was maintained in the 9-1-2015 physician's report "keeping her pain to a manageable level." Medical records provided do not provide information regarding urine drug analysis, a pain contract or discussion of compliance. The injured worker continues to complain of neck pain shooting down both arms, with intermittent numbness in the hands; bilateral low back pain; headaches; and left hip and buttock pain. The treating physician's plan of care includes a 90-count refill of Dilaudid, but this was denied on 9-10-2015. The injured worker's employment status is disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #90: 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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** According to the guidelines, Dilaudid is recommended for intrathecal use for chronic intractable pain. In it is not routinely recommended for oral use in mechanical or compressive etiologies. The claimant was also on multiple opioids including MSContin and Percocet in combined dosaging that exceeded the 120 mg of Morphine equivalent recommended on a daily basis. Long-term use along with multiple opioids is not justified. In addition, pain reduction scores were not noted. As a result, the request for continued Dilaudid is not medically necessary.