

<b>Case Number:</b>	CM15-0194262		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/28/1999
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: North Carolina

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 54 year old male, who sustained an industrial injury on 1-28-1999. The injured worker was being treated for fractured vertebra, low back pain, thoracic or lumbosacral neuritis or radiculitis, unspecified, kyphosis, lumbar degenerative disc disease, chronic pain due to trauma, morbid obesity, and osteoporosis. Treatment to date has included diagnostics and medications. Currently (9-14-2015), the injured worker complains of low back pain with radiation to the right lower extremity, described as aching, burning, deep, discomforting, localized, numbness, piercing, sharp, shooting, stabbing and throbbing. Average pain level in the past month was 7 out of 10 and pain interference with activities of daily living was rated 10 out of 10. Allergies included Buprenorphine, Lyrica, and Gabitril. Active medications were noted to include Advil, Prevacid, Norco, and Methadone. The last urine drug screen was documented as addressed on 3-19-2014 and CURES report on 7-09-2014. A review of symptoms was positive for weight gain, depression, anxiety, and insomnia. His body mass index was 49.61%. Physical exam of the lumbar spine noted an antalgic gait with a walker, tenderness, and moderate pain with motion. Other trialed medications included Vicodin, Ultram, Darvocet, Effexor, and Vioxx. He reported that Methadone was making him gain weight and making him have difficulty breathing. He requested to explore "another pain medication" and found that Dilaudid "is relatively cheap," noting that "he had this medication before and tolerates it well." His work status was total temporary disability. Per the Request for Authorization dated 9-14- 2015, the treatment plan included Dilaudid 8mg #120, non-certified by Utilization Review on 9- 29-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Dilaudid 8mg #120:** 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.

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.