

<b>Case Number:</b>	CM15-0195776		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	04/06/2001
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a year old female with a date of injury on 4-6-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, bilateral carpal tunnel symptoms, and worse on the right and chronic lower back pain. Progress report dated 8-18-15 reports use of Norco over the last 30 days the pain level has come down to 5 out of 10 from 10 out of 10 without medications. She reports Oxycontin works better than Norco and without medications she would not maintain much function at all. Objective findings: she uses a cane to ambulate and moves very slowly, she has near full range of motion of bilateral shoulders but her neck and lumbar spine motions are diminished, upper and lower extremity strength is 4 out of 5. Request for authorization was made for Dilaudid 4 mg quantity 60. Utilization review dated 9-11-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4 mg Qty 60, (retrospective DOS 08/18/15), 30 day supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Opioids, specific drug list.

**Decision rationale:** The injured worker sustained a work related injury on 4-6-01. The medical records provided indicate the diagnosis of chronic pain, bilateral carpal tunnel symptoms, and worse on the right and chronic lower back pain. Treatments have included Oxycontin. The medical records provided for review do not indicate a medical necessity for Dilaudid 4 mg Qty 60, (retrospective DOS 08/18/15), 30 day supply. Dilaudid (Hydromorphone) is an opioid with a dosing recommendation of 2-8 mg orally every 3-4 hours, but starting dose of 2-4 mg orally every 4-6 hours as needed. It has a morphine equivalent dose of 4. The MTUS recommends the use of not more than 120 morphine equivalents of opioids in a day, but the medical records indicate the injured worker was taking at least 180 morphine equivalents of opioid from Oxycontin until a pharmacist discovered the Oxycontin is not in the drug formulary, and therefore recommended Dilaudid. The requested treatment is not medically necessary because even if the injured worker were to take the maximum dose of dilaudid as a starter on this medication, the injured worker would be taking less than 50% of the current dose daily dose of opioids; therefore, the injured worker is at the risk of opioid withdrawal. The MTUS does not recommend sudden reduction in opiate dosing in order to avoid opioid withdrawal. The MTUS recommends as follows: Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached. Also, the Official Disability Guidelines warns that respiratory depression and apnea are of major concern, as well as circulatory depression, respiratory arrest, shock and cardiac arrest in some patients. Therefore, the request is not medically necessary.