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| <b>Case Number:</b>   | CM15-0199648 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 09/17/2004 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/12/2015 |

### 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, New York, California  
 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:

The applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 17, 2004. In a Utilization Review report dated September 20, 2015, the claims administrator failed to approve a request for hydromorphone (Dilaudid). The claims administrator referenced a June 12, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. The applicant also reported derivative complaints of depression. The applicant was given prescriptions for methadone, Dilaudid, Cymbalta, and Seroquel. The attending provider stated that the applicant had significantly increased pain complaints at times. Little seeming discussion of medication efficacy transpired. The attending provider stated that the applicant denied any significant changes in his pain complaints. The attending provider renewed the applicant's permanent work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On March 20, 2015, the applicant was given prescriptions for Norco, OxyContin, Valium and Cymbalta. Once again, the applicant's permanent work restrictions were renewed. Little seeming discussion of medication efficacy transpired. On June 12, 2015, the applicant was described as using baclofen, Cymbalta, Valium, Seroquel, and methadone. Little seeming discussion of medication efficacy transpired. The applicant's permanent work restrictions were renewed. There was no explicit mention of Dilaudid being employed on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Hydromorphone 2mg #30 (DOS 06/12/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th edition (web) Hydromorphone (Dilaudid); ACOEM Practice Guidelines Plus, APG I Plus 2010 Chapter Chronic plus.

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

**Decision rationale:** No, the request for hydromorphone (Dilaudid), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. While page 75 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that short-acting opioids such as hydromorphone (Dilaudid) are seen as an effective method in controlling chronic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that an attending provider should be knowledgeable regarding prescribing information. Here, however, the June 12, 2015 office visit at issue made no mention of the applicant's using hydromorphone (Dilaudid) on that date. It was suggested that the only opioid which the applicant was reportedly using on that date was methadone, the treating provider wrote. The information on file, thus, failed to support or substantiate the request. Therefore, the request was not medically necessary.