

<b>Case Number:</b>	CM15-0204517		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/22/2004
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 61 year old male, who sustained an industrial injury on April 22, 2004. The injured worker was diagnosed as having shoulder region disorder not elsewhere classified. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, home exercise program, and medication regimen. In a progress note dated August 24, 2015 the treating physician reports complaints of continued left shoulder pain that increases with range of motion. Examination performed on August 24, 2015 was revealing for decreased range of motion to the neck, trigger points "almost everywhere", and decreased range of motion to the shoulders. The injured worker's medication regimen on August 24, 2015 and July 27, 2015 included Dilaudid and Opana since at least prior to April 29, 2105 with the treating physician noting that the use of the "medication was not helpful, now having to reduce medication due to non-authorization" along with the injured worker requesting an increase in the Dilaudid. The treating physician also noted that the use of Opana to be "helpful". On August 24, 2015 and July 27, 2015 the injured worker's pain level was rated a 7 with the use of his medication regimen and rated his pain level a 9 without the use of his medication regimen. The progress note from August 24, 2015 noted that the injured worker needs assistance with shopping and is unable to garden, but was able to perform activities of daily living without assistance such as cooking, bathing, dressing, and laundry. The progress note from July 27, 2015 included that the injured worker was able to perform activities of daily living with the use of his medication regimen. On August 24, 2015 the treating physician requested Dilaudid 4mg and Opana ER 20mg noting current use of these medications, but with an increase in the Dilaudid. On September 17, 2015 the Utilization Review determined the request for Dilaudid 4mg and Opana ER 20mg to be non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Dilaudid to justify use per the guidelines. The medical necessity of dilaudid is not substantiated in the records.

**Opana ER 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Opana to justify use per the guidelines. The medical necessity of Opana is not substantiated in the records.