

<b>Case Number:</b>	CM15-0206250		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/30/2001
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 30, 2001. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for Dilaudid. The claims administrator referenced a September 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant reported 6/10 back pain with medications. The applicant's medications included Abilify, Effexor, Dilaudid, Lipitor, and vitamins, the treating provider reported. The applicant had comorbid diabetes and hypertension, the treating provider acknowledged. The applicant was asked to continue current medications. Dilaudid was renewed. The applicant was deemed "permanently disabled." The treating provider contended that the applicant was unable to perform basic activities of daily living including laundry, bathing herself, dressing herself, driving, and/or brushing her teeth.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg #70:** 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, criteria for use.

**Decision rationale:** No, the request for Dilaudid, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed "permanently disabled," the treating provider reported on August 6, 2015. The applicant had difficulty performing activities as basic as brushing her teeth, driving, dressing herself, doing laundry, and so on, it was acknowledged on that date. All of the foregoing, taken together, suggested that the applicant had, in fact, failed to profit from ongoing Dilaudid usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.