

<b>Case Number:</b>	CM15-0207792		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59-year-old male, with a reported date of injury of 11-08-2004. The diagnoses include cervical spondylosis without myelopathy, unspecified head injury, unspecified migraine, and headache. The progress report dated 09-29-2015 indicates that the reason for the appointment was medications and headache. The injured worker had a bilateral headache, which was rated 10 out of 10 without medication and 4 out of 10 with medication (08-31-2015 and 09-29-2015). The pain radiated to the eyes, and was aggravated by lying down, sitting to standing, position change, and walking. It was noted that the duration of the effect of the medication was 2-3 hours, and the reported side effects of the medication was dry mouth. It was noted that the injured worker's pain was improved by medications. The treating physician noted that the injured worker has signed a pain agreement, that he would have random urine testing. The physical examination showed cervical flexion at 15 degrees; cervical extension at 20 degrees; normal cervical spine range of motion; no pain with cervical spine range of motion testing; negative Spurling's test; normal right shoulder, elbow, wrist, and hand range of motion; abnormal sensation in the bilateral C6 dermatomes; and tenderness to palpation over the right lumbar paraspinals. The injured worker's work status was noted as permanent and stationary. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Voltaren gel, Dilaudid (since at least 04-2015), Topamax, Pristiq, Wellbutrin, physical therapy, trigger point injections, and Botox injection. The request for authorization was dated 09-29-2015. The treating physician requested Dilaudid 4mg #90 per

month. On 10-18-2015, Utilization Review (UR) modified the request for Dilaudid 4mg #90 per month to Dilaudid 4mg #35.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Dilaudid 4 mg #90/month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Dilaudid-Hydromorphone (Dilaudid; generic available).

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

**Decision rationale:** Dilaudid 4 mg #90/month is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of increase in function. There have been prior recommendations for weaning. For these reasons, the request for continued Dilaudid is not medically necessary.