

<b>Case Number:</b>	CM15-0021373		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55-year-old male who reported an injury on 07/14/2003. The mechanism of injury was the injured worker was kneeling on the ground and lifting a pump weighing approximately 500 pounds, attempting to lever one end and then the other in order to move the pump and he felt a snap in his low back. The documentation of 12/23/2014 revealed the injured worker complained of ongoing difficulty with pain in the low back and down the left lower extremity to the foot. The injured worker indicated the pain level without medications was 9/10 to 10/10, but with the use of medications, it was 6/10/ to 8/10. The injured worker was noted to be undergoing physical therapy. The current medications included Lyrica 150 mg 1 by mouth 4 times a day, Amitiza 24 mcg capsules 1 by mouth twice a day with food, Wellbutrin SR 150 mg tablets 2 by mouth every morning and 1 by mouth every evening, and Dilaudid 4 mg 1 to 2 by mouth every 6 hours as needed for pain, as well as lactulose 10 gm/15 mL solution 1 to 2 tablespoons every day for constipation. Diagnoses included status post TLIF and PSIF L4-S1 on 11/07/2012, history of hepatitis C, bilateral lower extremity radiculitis, and chronic pain syndrome. Additionally, the diagnoses included status post hardware removal with re-instrumentation from L4-S1 with L3-4 laminectomy, L3 foraminotomy, partial, L4-5 corpectomy and anterior L4-S1 fusion 04/23/2014. The documentation indicated with the use of the medications, the injured worker could tolerate activities of daily living and the injured worker denied negative side effects. There were no aberrant drug behaviors and the injured worker was utilizing medications as recommended. Prescribed medications included Dilaudid 4 mg 1 to 2 by

mouth every 6 hours as needed for pain. The injured worker had a signed opiate contract. There was a request for authorization submitted for review dated 12/23/2014.

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

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

**Dilaudid 4mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. As such, the request for Dilaudid 4mg #240 is not medically necessary.