

<b>Case Number:</b>	CM15-0037692		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

Certification(s)/Specialty: Emergency 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 32 year old, female patient, who sustained an industrial injury on 01/27/2011. A primary treating office visit dated 01/05/2015, reported subjective complaint of pain rated a 10 out of 10 in intensity. She is noted taking her medications as prescribed, but is not working well. She is currently prescribed; Phenergan, Prevacid, Gralise, Xanax, Opana, Cymbalta, Dilaudid, Exalgo ER, Baclofen, Valium and Levothyroxzine. The following diagnoses are applied; causalgia of upper limb; brachial plexus lesions long thoracic neuropathy; cervical disc degeneration; ulnar nerve lesion; adhesive capsulitis and sprains and strains of shoulder and upper arm. A request was made for medication Dilaudid 8mg, # 100. On 02/06/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Dilaudid was cited. On 02/27/2015, the injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8 mg, 100 count:** 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 Opioids  
Page(s): 76-78.

**Decision rationale:** Dilaudid is hydromorphone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The provider has completely failed to document a single required component with not a single note concerning improvement in pain scale, pain improvement or assessment for side effects or abuse. Patient has reported 10/10 pain despite being on multiple opioids. There are records concerning high risk for aberrant behavior and abuse. There is no documentation of any monitoring or long term plans by treating provider. Patient has reportedly continued severe pain even with current opioid therapy. The amount opioids currently being taken also exceed the recommended maximum of 120mg Morphine Equivalent Dose. Patient is on Opana, Dilaudid and Exalgo ER (extended release hydromorphone), 3 opioids with no reported improvement in activity of daily living with current medications with continued significant pain. This prescription for dilaudid is not medically appropriate or necessary.