

<b>Case Number:</b>	CM15-0038268		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/08/2001
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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 61-year-old female, who sustained an industrial injury on December 8, 2001. The injured worker had reported neck and low back pain. The diagnoses have included lumbago, cervical pain, lumbosacral radicular pain, cervical degenerative disc disease and lumbar degenerative disc disease. Treatment to date has included medications, radiological studies and a lumbar laminectomy in 2002. Current documentation dated January 15, 2015 notes that the injured worker complained of low back pain radiating to the left leg and neck pain radiating to the upper extremities. Physical examination of the lumbar spine revealed paravertebral tenderness and a positive straight leg raise. Reflexes, motor and sensory testing were within normal limits. No cervical spine exam was noted. On February 5, 2015 Utilization Review non-certified a request for Dilaudid 2 mg. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Dilaudid 2mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

**Decision rationale:** Regarding the request for Dilaudid (hydromorphone), Chronic Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). The provider did document that the patient has no side effects, and has been compliant with medication. However, there is no discussion regarding aberrant use such as CUREs report and urine drug screen tests. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Dilaudid (hydromorphone) is not medically necessary.