

<b>Case Number:</b>	CM15-0039573		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/18/2015
<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: 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 knee pain, forearm pain, and elbow pain with derivative complaints of anxiety, depression, and insomnia reportedly associated with an industrial injury of October 16, 2009. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve a request for Dilaudid. A February 10, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated May 30, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing multifocal pain complaints, including wrist pain, thumb pain, upper arm pain, and knee pain, 8-10/10. Norco, topical compounds, Elavil, and glucosamine were renewed. In a progress note dated July 17, 2014, the applicant was asked to continue Dilaudid, dietary supplements, Naprosyn, and Voltaren gel. The applicant reported 10/10 pain with medications versus 10+/10 pain without medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Dilaudid 8mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**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/is off of work, on total temporary disability, despite ongoing usage of Dilaudid. The applicant reported pain complaints as high as 10/10, despite ongoing usage of Dilaudid. The attending provider failed to outline any material or meaningful improvements in function effected as a result of ongoing Dilaudid usage (if any). Therefore, the request was not medically necessary.