

<b>Case Number:</b>	CM15-0053607		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Internal Medicine, Rheumatology

### 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 36 year old male, who sustained an industrial injury on 4/25/2014. The current diagnosis is degenerative disc disease of the thoracic spine. According to the progress report dated 2/25/2015, the injured worker complains of significant, sharp pain in the axial mid-thoracic spine with intermittent radiation of pain into the lower extremities associated with a sensation of weakness. Additionally, he reports increased urinary frequency as well as bowel urgency. The current medications are Morphine Sulfate. Per notes, he does have some nausea with this, and this will prevent him from taking an increased dose. Treatment to date has included medication management, x-rays, MRI's, and electrodiagnostic studies. The plan of care includes second opinion surgical consultation and Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Dilaudid 4mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 36 year old male has complained of back pain since date of injury 4/25/14. He has been treated with medications to include opioids since 12/2014. The current request is for Dilaudid. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Dilaudid is not indicated as medically necessary.