

<b>Case Number:</b>	CM15-0057998		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/30/1998
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Indiana

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 injured worker is a 64-year-old female, who sustained an industrial injury on 10/30/98. She reported low back pain. The injured worker was diagnosed as having upper extremity radiculopathy and acute paralysis on 9/9/12 with resultant T4 incomplete spinal cord injury with bilateral extremity paraplegia. Treatment to date has included multiple surgeries including L2-5 interbody fusion on 2/16/05, extension of lumbar fusion from T12- L2 on 10/15/07 that was complicated by staphylococcus infection, extension thoracic fusion at T5-L5 on 4/18/11, spinal cord stimulator implant on 4/13/06, revision of lumbar fusion as well as revision of incision site on 4/7/09, intrathecal Dilaudid pump on 10/22/09, revision of intrathecal pump on 8/30/10 and removal of the pump in February 2013. Other surgeries included removal and placement of pedicle screws on 2/4/13, anterior posterior fusion at L5-S1 complicated by infection/ruptured viscus, and implantation of intrathecal Baclofen pump on 6/10/13. Other treatment included lumbar epidural steroid injection at T12-L1 on 2/13/14 with 70% pain relief for 4 months, physical therapy, home exercise, and oral medications. Currently, the injured worker complains of mid to low back pain. The treating physician requested authorization for Dilaudid 4mg #30. A physician's report noted the injured worker had reduced the Dilaudid dose by half and uses Norco for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dialudid tablets 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document any of the following: the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief. Therefore, the request is not medically necessary.