

<b>Case Number:</b>	CM15-0084269		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	12/26/2001
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old male sustained an industrial injury on 12/26/01. He subsequently reported multiple areas of orthopedic injury. Diagnoses include migraines. Treatments to date include acupuncture and prescription pain medications. The injured worker continues to complain of headaches. Upon examination, Dilaudid was prescribed in order to keep the injured worker out of the ER. A request for Dilaudid medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** The 62-year-old patient complains of pain in neck, mid back, lower back, bilateral knees, bilateral hips and shoulders, as per progress report dated 04/09/15. The request is for Dilaudid 8 mg QTY: 30.00. The RFA for the case is dated 04/09/15, and the patient's date of

injury is 12/26/01. As per progress report dated 03/03/15, the patient was seen almost a year ago on 02/13/14. The patient was able to walk for a mile at that time. However, about 2 weeks before the 03/03/15 visit, the patient woke up with severe low back pain that felt "like it was when it 1st happened." The patient is also experiencing change in urination. The patient is not working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Dilaudid is first noted in progress report dated 04/09/15. The treater states, "I will give him a small amt (30 tablets) of Dilaudid to keep out of ER if poss." The patient was prescribed Oxycodone in the past, which gave "poor relief," as per the same progress report. In the same report, the patient rates his pain at 3-7/10 with medications and 5-9/10 without them. The patient is capable of cooking and self-care but needs help with gardening and house cleaning. On the whole, the patient states that his condition "has worsened." Additionally, no CURES or UDS reports have been provided for review. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, if use of opioids is indicated. MTUS also recommends starting with small dose possible. In this case, the request is for 8mg, a high dose for Dilaudid. Furthermore, the patient does not present with a clear diagnosis for which chronic use of opioids would be indicated. MTUS supports only short-term use of opiates for chronic low back, for example. The request is not medically necessary.