

<b>Case Number:</b>	CM13-0031040		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient underwent a two-level lumbar fusion L4-S1 on 6/22/13 for low back and bilateral leg pain. As of 9/3/13 when the patient was seen by [REDACTED] he was still complaining of a significant amount of pain. The patient was on Dilaudid loaded 8 mg 4 times a day and a request was made for continuation of that medication. Patient had a utilization review on 9/19/2013 and the request for continued Dilaudid prescription was denied based on the strong potential for abuse and eversion as well as issues of chronic dependence. Application was made for an independent medical review (IMR). The patient is now 8 months after his lumbar fusion. We are not treating acute pain any longer but chronic pain. The requested Dilaudid is not considered medically necessary based on current guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain (updated 06/07/13)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 81.

**Decision rationale:** Dilaudid is a potent short-term opioid that has a significant potential for abuse. The chronic pain medical guidelines suggest that opioid treatment for chronic nonmalignant pain may not fulfill key outcome goals including pain relief, improved quality of life, and/ or improved functional capacity.