

<b>Case Number:</b>	CM14-0137580		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/13/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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:

The injured worker is a 60-year-old patient who sustained an injury on 1/13/09 while employed by [REDACTED]. Per x-rays of 1/17/12, the patient had grade I spondylolisthesis at L5-S1 with surgical changes at L5-S1 with pedicle screws and connecting rods in place. Report of 1/14/14 from the provider noted the patient taking increasing Norco 10 mg above 4-5 tablets/day as the Exalgo wore off. Report of 2/11/14 noted pain averaging 6-7.5/10 utilizing Exalgo and Norco. Report of 5/6/14 noted pain had intensified in his back, taking Exalgo. Exam noted limited lumbar range with slow gait with rest of exam unchanged. Report of 6/3/14 noted patient with patient taking Exalgo to bring the pain down to tolerable level; however, had more pain with numbness in feet. Exam showed 5/5 motor strength in bilateral lower extremities, ambulating with single-point cane. Report of 7/21/14 noted Exalgo has not been authorized and the patient is concerned he would be out of medication. The request(s) for Dilaudid 4mg #90 was non-certified on 8/8/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

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

**Decision rationale:** Although it is clear the patient has dependency on opiates [Norco (metabolized to active potent metabolite hydromorphone), Exalgo (hydromorphone)], there is no documented functional improvement from its continued use for chronic injury of 2009. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Dilaudid 4mg #90 is not medically necessary and appropriate.