

<b>Case Number:</b>	CM14-0138812		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/15/2000
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Emergency Medicine, 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:

Patient with reported date of injury on 3/15/2000. Mechanism of injury is reportedly a 7feet fall. Patient has a diagnosis of chronic pain syndrome, knee pain and back pain. Patient has a history of knee pain post L knee replacement on 2/11 and prior rhinoplasty. Medical reports reviewed. Last report available until 8/14/14. There is no complaint documented on visit except for "regular follow-up". Objective exam was documented as completely normal except for L knee scar. Treating physician is reportedly tapering patient down from current Dilaudid by approximately 10tablets a month. Calculations of prescription shows patient takes up to 8mg of Hydromorphone and a total of 120mg of Oxycodone a day which is over 200mg Morphine Equivalent Dose (MED). Patient also takes MS Contin 15mg 2times a day and morphine sulfate 15mg tablets which adds an additional 45mg or more of MED per day. Records do not show any actual tapering. Patient was prescribed 120tabs on 8/4/14 and 110tabs on 9/4/14. No imaging or electrodiagnostic testing was provide for review. Independent Medical Review is for Dilaudid 4mg #120, Oxycodone 15mg #120 and Oxycontin 15mg #120. Prior UR on 8/13/14 recommended partial certification of Dilaudid to #60, Oxycodone to #60 and Oxycontin to #60. Valium was modified to #60 tabs but that decision is not being reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Patient has chronic pains and takes a large number of opioids both in type and also dosage. Calculations of prescription shows patient takes up to 8mg of Hydromorphone and a total of 120mg of Oxycodone a day which is over 200mg Morphine Equivalent Dose (MED). Patient also takes MS Contin 15mg 2 times a day and morphine sulfate 15mg tablets which adds an additional 45mg or more of MED per day. Dilaudid is Hydromorphone, a high potency opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is no provided objective documentation of improvement in pain or activity of daily living. There is no appropriate documentation of monitoring for side effects or abuse. Combination of all opioids that the patient is on, patient takes over 250mg MED of opioids which has exceeded the recommended safe level of 120mg Morphine Equivalent Dose level. Documentation does not support the continued ongoing management and use of Dilaudid. While records claim a plan to decrease the number of Dilaudid down by 10 tablets a month, the prescription has actually gone up from the month prior and has no difference when reviewed from 6 months prior. There is no objective evidence of actual weaning going on. The weaning plan is not sufficient. Patient is taking excessive amounts of opioids beyond recommended safety level without documentation of appropriate plan. Use of Dilaudid is not medically necessary.

**Oxycodone Hydrochloride 15mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Oxycodone is an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is no provided objective documentation of improvement in pain or activity of daily living. There is no appropriate documentation of monitoring for side effects or abuse. Combination of all of opioids that patient is on, patient takes over 250mg MED of opioids which has exceeded the recommended safe level of 120mg Morphine Equivalent Dose level. Documentation does not support the continued ongoing management and use of Oxycodone. Use of Oxycodone is not medically necessary.

**Oxycontin 15mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-78.

**Decision rationale:** Oxycontin is long acting Oxycodone, an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is no provided objective documentation of improvement in pain or activity of daily living. There is no appropriate documentation of monitoring for side effects or abuse. Combination of all of opioids that patient is on, patient takes over 250mg MED of opioids which has exceeded the recommended safe level of 120mg Morphine Equivalent Dose level. Documentation does not support the continued ongoing management and use of Oxycontin. Use of Oxycontin is not medically necessary.