

<b>Case Number:</b>	CM14-0141799		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 & 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 48 year old male who reported an injury on 04/11/2006 with an unknown mechanism of injury. The injured worker was diagnosed with failed lumbar back surgery syndrome, lumbar radiculopathy, and chronic pain syndrome. The injured worker was treated with ESI, chiropractic therapy, TENS, acupuncture, psychiatrist/ psychologist, surgery, medications, and physical therapy. The injured worker had unofficial X-rays, MRI, and EMG; sites and dates not provided. The injured worker had decompression surgery and left wrist surgery from trauma; dates not provided. On the clinical note dated 08/29/2014, the injured worker complained of intractable pain to lower back down both legs to his toes. The injured worker rated his pain 7/10 at best and 10/10 at worst. The injured worker had decreased sensory, decreased deep tendon reflexes, and diffused weakness to bilateral lower extremities. The injured worker was prescribed Norco 10/325mg three times a day, dilaudid 4mg three times a day, Lyrica 50mg three times a day, naproxen sodium 550mg, tramadol Hcl 150mg, cyclobenzaprine Hcl 7.5mg, and pantoprazole sodium 20mg. The treatment plan was for dilaudid 4mg. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 116

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, criteria for use Page(s): 78.

**Decision rationale:** The injured worker is diagnosed with failed lumbar back surgery syndrome, lumbar radiculopathy, and chronic pain syndrome. The injured worker complains of intractable pain to lower back down both legs to his toes. Pain is rated 7/10 current at best and 10/10 at worst. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker's medical records lack documentation of pain ratings pre and post medication, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation did not include a recent urine drug screen or documentation of side effects. The injured worker has been prescribed Dilaudid 4mg since at least 05/23/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Also, the request does not indicate the frequency of the medication. As such, the request for Dilaudid 4 mg, ninety count is not medically necessary.