

<b>Case Number:</b>	CM14-0094011		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 was working as an offshore operator during a drilling operation when he felt a sharp pain in his lower back on April 11, 2006. He ultimately underwent L3-L4 lumbar decompression on December 20, 2010 followed by physical therapy, acupuncture, transcutaneous electrical nerve stimulation unit and chiropractic care. His urine toxicology screens have tested positive for marijuana metabolites. He has also had years of psychiatric treatment and continued to show active signs and symptoms of depression. Medications taken include steroid injections, Dilaudid, Tramadol, Vicodin, Naproxen, Norco, Cyclobenzaprine, Pantoprazole and Lyrica. Documents indicate Dilaudid was started on May 23, 2014. Office visit on August 29, 2014 documents continued back pain with radiculitis to the lower extremities, rated as 7/10 to 10/10. There is no indication of what his pain level is rated specifically on and off the medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg TID #90 MED 78:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 78, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dilaudid, Opioids, Criteria for Use Page(s): 74, 76-80.

**Decision rationale:** Dilaudid (Hydromorphone) is an opioid pain medication. Dilaudid is used to treat moderate to severe pain. Hydromorphone (Dilaudid; generic available) is a pure short acting opioid agonist with the principal therapeutic activity of analgesia, which comes in 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Workers may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. Per Medical Treatment Utilization Schedule guidelines, under the criteria for use of opioids, ongoing management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. This injured worker has not had any pain improvement in the 3 months that he has taken Dilaudid, as evidenced by history. The least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts are not documented. In addition, the urine toxicology screen provides evidence of an illicit substance, a Schedule I controlled substance, the worker has received opioid prescriptions from at least one other doctor, and there is no written contract. The requested Dilaudid 4mg TID #90 med 78 is therefore not considered medically necessary.