

<b>Case Number:</b>	CM15-0006592		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	08/14/2004
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 71-year-old female worker sustained injuries on 8/14/04. The records did not specify what injuries occurred. She is diagnosed with peripheral neuropathy, degenerative disc disease-thoracic, lumbar radiculopathy and sprain/strain of the thoracic region. Previous treatments include local ice application, medications, both oral and via pain pump, home exercise and psychiatric therapy. The treating provider requests Dilaudid 8 mg #120 for increased pain around the pain pump. The Utilization Review on 12/12/14 modified the request for Dilaudid 8 mg #120, decreasing the amount to #60 for weaning purposes. No references for recommendations were cited. The patient's present pain medication includes Dilaudid tablets 8 mg every 6 hours, IT Dilaudid 4.3 mg/day via pump, Nucynta 100 mg 1-2 every 6 hours and oxycodone 15 mg 1-2 every 6 hrs.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** Hydromorphone (Dilaudid) is a very potent centrally acting analgesic drug of the opioid class. It is a derivative of morphine. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of morphine, including morphine equivalent dosing from use of all opioid medications, is 120 mg per day. One of the major risks of opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. For this patient the provider is prescribing multiple opioid preparations. The total dose of opioids (from Dilaudid, Nucynta and oxycodone use) is 382-619 mg of morphine equivalents. The provider has asked to increase the dose of Dilaudid but the present dosing of opioid is significantly above the maximum dosing recommended. Increasing the dose of opioids in this instance is contraindicated. In fact, the dose must be lowered to a more acceptable and safe level. Medical necessity has not been established but a smaller amount of Dilaudid should be given to allow weaning.