

<b>Case Number:</b>	CM15-0011978		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 57- year old male, who sustained an industrial injury reported as cumulative from August 12, 2012 through August 12, 2013. The diagnoses have included lumbar spine sprain/strain, multi-level degenerative disc disease, lumbar radiculopathy, bilateral S1 sensory root dysfunction, bursitis, acromioclavicular joint arthropathy, left wrist median sensory neuropathy. Treatment to date has included pain medication, nerve root blocks, physical therapy, epidural steroid injections, activity restrictions, rest, ice/heat therapy and routine monitoring. Currently, the IW complains of low back and right lower extremity pain that was increasing in intensity. Pain was documented as radiating down the right lower extremity in the L3-L4 dermatomes. Accompanying symptoms included weakness, numbness and tingling. Pain is worsened by bending, lifting and twisting motion. Pain was rated an eight with the use of medications and a nine to ten with medications. In the past pain had improved to as low as a five following an epidural steroid injection. Currently the worker was working without restrictions. On January 20, 2015, the Utilization Review decision non-certified a trail of Dilaudid 4mg, 90 count, noting that the worker was on both Norco and Dilaudid and the documentation did not support an attempt at weaning or functional improvement. The MTUS, ACOEM Guidelines was cited. On January 21, 2015, the injured worker submitted an application for IMR for review of a trail of Dilaudid 4mg, 90 count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL QT DILAUDID 4 MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 60-61.

**Decision rationale:** According to the 01/08/2014 report, this patient presents with an increasing low back and right lower extremity pain. The current request is for Trial QT Dilaudid 4 mg #90; the patient feels NORCO no longer provides him with dramatic pain reduction. The request for authorization is on 01/13/2015. The patient's work status is work on a fulltime basis without restriction. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 01/08/2014 report, the treating physician indicates the patient currently rates his pain an 8/10 with the use of medications. Without medications, he states pain level is 9-10/10. The treating physician further indicates the patient notes 20% improvement in pain levels, but 50% improvement in function with the current medication regimen. He is able to work on a fulltime basis without restrictions. The patient denies any adverse side effects with his medication. He is using his medication within the guidelines. The patient has demonstrated compliance as seen in random urine drug screening. In this case, given that the patient is working full time without restrictions and the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.