

<b>Case Number:</b>	CM15-0110957		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/02/2005
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old man sustained an industrial injury on 6/2/2005 which left him a quadriplegic due to a gunshot wound to the neck. Diagnoses include cervical spine incomplete quadriplegia, left lower extremity crush injury, chronic neuropathic pain, left knee degenerative changes, decubitus ulcers, severe deconditioning ad immobility, malnutrition, psychiatric instability, tobacco dependence, family history of addiction, constipation, history of attempted suicide, neurogenic bowel and bladder, sleep disorder, moderate depression, left femoral fracture, right above the knee amputation, and bilateral phantom limb pain. Treatment has included oral medications, [REDACTED] detoxification services, [REDACTED] program, and surgical interventions. Physician notes dated 5/1/2015 show complaints of pain. Recommendations include functional restoration program and concurrent detoxification from benzodiazepines.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in June 2005 as a result of a gunshot wound to the neck and has incomplete C5-6 quadriplegia. He has had multiple complications including pressure ulcers and sepsis and has undergone bilateral above knee amputations. He has a history of medication overuse and has gone through opioid detoxification. When seen, he was having ongoing pain and was limiting his medication use. Medications requested include Dilaudid and Norco at a total MED (morphine equivalent dose) of more than 150 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of medications is appropriate, there is a history of medication overuse and prior detoxification treatment. Dosing at this level is not supported and there are non-opioid medications that would be expected to be of potential benefit. If an opioid medication was continued, buprenorphine could be considered. The request is not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in June 2005 as a result of a gunshot wound to the neck and has incomplete C5-6 quadriplegia. He has had multiple complications including pressure ulcers and sepsis and has undergone bilateral above knee amputations. He has a history of medication overuse and has gone through opioid detoxification. When seen, he was having ongoing pain and was limiting his medication use. Medications requested include Dilaudid and Norco at a total MED (morphine equivalent dose) of more than 150 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of medications is appropriate, there is a history of medication overuse and prior detoxification treatment. Dosing at this level is not supported and there are non-opioid medications that would be expected to be of potential benefit. If an opioid medication was continued, buprenorphine could be considered. The request is not medically necessary.