

<b>Case Number:</b>	CM15-0119837		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

The injured worker is a 54 year old female with an industrial injury dated 04/27/2010. The injured worker's diagnoses include chronic neck pain, cervical facet joint dysfunction, cervical degenerative disc disease and cervical radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/05/2015, the injured worker reported neck pain radiating down the left arm with numbness and tingling, shoulder spasms and low back pain with radiation down the left leg to the knee. The injured worker also reported improvement in left hip pain status post left hip trochanteric bursa injection at previous visit. The injured worker rated current pain an 8/10. Objective findings revealed cervical paraspinal muscle tenderness, bilateral upper trapezius muscle tenderness, moderate tenderness in the right anterior shoulder and positive right shoulder impingement sign. The treating physician prescribed Dilaudid tab 2mg 1 po bid #60 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid tab 2mg 1 po bid #60:** 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, p86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant sustained a work injury in April 2010 and continues to be treated for radiating neck and low back pain. When seen, Dilaudid is referenced as decreasing pain from 10+/10 to 9/10. She was using a TENS unit 2-3 times per day. There was cervical and trapezius muscle tenderness. There was decreased cervical spine range of motion. There was decreased right shoulder range of motion with anterior tenderness and positive impingement testing. Dilaudid (hydromorphone) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, when requested there was no documentation that this medication was providing a clinically significantly decrease in pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.