

<b>Case Number:</b>	CM15-0144073		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Pain Management, 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:

The injured worker is a 39 year old female, who sustained an industrial injury on August 25, 2010. She reported severe cramping and pain in her right shoulder that radiated down her arm accompanied by a burning sensation, numbness and tingling down her arm and into her fingers. Treatment to date has included medication, home exercise program, physical therapy, chiropractic care, activity modification, x-rays, MRI, CT scan, arm sling, electrodiagnostic study, chiropractic care, surgery, psychiatric care and pain management-psychological care. Currently, the injured worker complains of neck pain that is rated at 8 on 10. The pain radiates to both of her shoulders and down to her hands and is accompanied by weakness, numbness and tingling with a constant ache. The injured worker is currently diagnosed with cervical disc disease. Her work status is temporary total disability. A note dated June 24, 2015, states the injured worker attended three appointments with pain management-psychological care and then discontinued services. A progress note dated June 26, 2015, state the injured worker is not experiencing pain relief from her current medication regimen. The note also states the injured worker has experienced therapeutic failure from physical therapy, chiropractic care, activity modification, home exercise program and medications. The medication, Dilaudid 2 mg #60, is requested to alleviate pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid), Use for specific disease states, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: When to Discontinue Page(s): 79.

**Decision rationale:** MTUS 2009 states that opioids should be discontinued if there is no functional improvement from their use when treating non-cancer pain. The patient was previously prescribed Norco and more recently switched to Dilaudid without any explanation provided for the change. The patient's response to the analgesic regimen is mixed in the medical records with conflicting reports of its benefit functionally and on the VAS. The patient reportedly has decreased pain to 5/10 with medications but cannot bend his/her head. The patient has been provided chronic opioid maintenance therapy for a long time. However, the patient's function remains significantly compromised. Therefore, the ongoing use of opioids is not supported by MTUS 2009. Dilaudid is not medically necessary.