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| <b>Case Number:</b>   | CM15-0172817 |                              |            |
| <b>Date Assigned:</b> | 10/06/2015   | <b>Date of Injury:</b>       | 03/19/2003 |
| <b>Decision Date:</b> | 11/13/2015   | <b>UR Denial Date:</b>       | 08/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2015 |

### 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 3-19-2003. The injured worker is being treated for lumbosacral spondylosis without myelopathy, loose in joint site unspecified, lumbosacral sprain, lumbosacral radiculitis, left knee degenerative joint disease and meniscal tear status post right total knee arthroplasty revision with neuropathic pain, and chronic pain syndrome. Treatment to date has included multiple surgical interventions, medications, H-wave and diagnostics. Per the Primary Treating Physician's Progress Report dated 6-19-2015, the injured worker reported slight increased left sided low back pain that radiates to both legs. She started with Lunesta and Sertraline and Dilaudid and tries to do some walking. Objective findings included lumbar paraspinal spasm and tenderness. There was tailbone tenderness, PSIS tenderness, and residual bilateral SI joint tenderness. The IW has been prescribed Dilaudid since at least 1-09-2015. On 2-06-2015 she reported no improvement in her low back pain. On 3-06-2015, she reported no improvement of her low back pain. On 5-13-2015, she reported no improvement in her right knee pain and had "no functional gains." Per the medical records, dated 1-09-2015 to 6-19-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included medications and authorization was requested on 7-30-2015 for Dilaudid 4mg #84 (DOS 7-03-2015) and one follow-up with specialist (DOS 7-03-2015). On 8-27-2015, Utilization Review non-certified the request for Dilaudid 4mg #84 (DOS 7-03-2015).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 84 Dilaudid 4mg dispensed 7/3/15 between 6/19/15 and 7/3/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Dilaudid for some time yet her pain is noted to have increased and there is a lack of objective evidence of functional improvement. This medication has been previously denied. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for retrospective 84 Dilaudid 4mg dispensed 7/3/15 between 6/19/15 and 7/3/15 is determined to not be medically necessary.