

<b>Case Number:</b>	CM15-0078982		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 04/10/2005. According to a progress report dated 03/20/2015, the injured worker complained of pain over the cervical and lumbar spine. Pain was affecting the left upper extremity. She had pain in the distal aspect predominantly at the wrist affecting the thumb. She had numbness, tingling and weakness. She reported pain to the low back and left knee. Previous treatments included L4-L5 and L5-S1 facet rhizotomy/neurotomy, left carpal tunnel release surgery, left knee arthroscopic surgery x 2, cortisone injection into the left thumb and left elbow and medications. Medication regimen included Fentanyl patch, Dilaudid for break through pain, Cymbalta, Lyrica and Prevacid. Pain was rated 4 on a scale of 1-10 with the use of medications. Pain score over the month was rated 3 with the use of medications and 9-10 without medications. She reported a 60 percent improvement in pain levels and 40 to 50 percent improvement in function with current medications regimen. She noted increased activity and was able to tolerate activities including activities of daily living, self-hygiene, laundry, dishes, grocery shopping and meaningful activities with her family. A pain medication agreement was signed and she continued to adhere to the guidelines. There was no demonstration of drug seeking behavior. She has shown compliance through random urine drug screening. She completed an opioid risk assessment profile and was found to be at low risk for opioid abuse. Previous medications tried and failed included Tramadol, Vicodin, Trazodone, Nucynta, KGL compounded rub and Morphine. Lidoderm patches were denied. Diagnoses included disc bulges, chronic left L5 radiculopathy, status post left knee arthroscopy, left carpal tunnel syndrome, depression secondary to chronic

pain and disability, acute posttraumatic sprain and strain cervical spine, status post left carpal tunnel release surgery, status post repeat left knee arthroscopy and history of elevated liver enzymes. Treatment plan included Fentanyl, Dilaudid, Prevacid, Lyrica, Cymbalta and Buspirone. Currently under review is the request for Dilaudid.

### **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 Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydromorphone (Dilaudid; generic available); Opioids - Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 74-89 Page(s): Section 2.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Dilaudid, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Dilaudid.