

<b>Case Number:</b>	CM14-0142972		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/20/1996
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 11/20/1996. The date of the original utilization review under appeal is 08/09/2014. The patient's treating diagnosis is brachial radiculitis. The treating physician submitted a follow-up note 05/01/2014. At that time, the patient was noted to be under treatment for cervicalgia, cervical radiculopathy, fibromyalgia, chronic pain, and a cervical myofascial pain syndrome. The patient's condition was reported to be unchanged, and the patient was noted to obtain functional pain control on the current pain regimen. The treating physician reviewed the patient's medications including Dilaudid and a Duragesic or Fentanyl patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Dilaudid 4mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management discusses the 4 A's of opioid

management in detail. In this case, the medical records outline very substantial opioid dosing for an injury which is almost 20 years old. The medical records contain very limited discussion of benefits and especially functional benefits to support such chronic opioid use. The medical records do not meet the 4 A's of opioid management. The guidelines do not support continued opioid use in this chronic situation with essentially subjective but not verifiable objective functional benefit. This request is not medically necessary.