

Case Number:	CM13-0028934		
Date Assigned:	10/25/2013	Date of Injury:	12/08/2010
Decision Date:	05/05/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/24/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 45 year old female with a date of injury 12/8/10 . Her diagnoses include: Traumatic brain injury with cognitive deficits 2. Post-concussion headaches 3. Post-concussion syndrome 4. Head trauma 5. Chronic head pain 6. Aggravation of post-concussion headache on September 13, 2012. There is a request for Dilaudid 2mg 1 tablet QID prn, #15. There is a document dated 9/2013 by the primary treating physician stating that the current medications are: Dilaudid 2 mg q.d. p.r.n. severe headaches, Topamax, Norco 10/325 mg q.i.d., Maxalt 10 mg p.r.n., Zomig prn, gabapentin. The physician is appealing the modifications on Dilaudid. The document states that when the patient has a severe headache, her pain is 8/10 on visual analog scale, with Dilaudid her headache pain is reduced to 2/10 on visual analog scale. Without this medication, the patient would be bedridden and unable to work. Functional decline could result in hospitalization. The patient's physician states that the patient's UDS results were consistent with medications and is on an up-to date pain contract, 3. The patient is to have authorized neurology consultation. An 8/23/13 primary treating physician progress report indicates that patient takes Dilaudid 2 mg q.d. p.r.n. severe: headaches, Topamax, Norco 10/325 mg b.i.d., Maxalt, Zomig p.r.n, gabapentin, Nucynta ER 100 mg b.i.d. The office visit note states that the patient has bilateral head pain and headaches with cognitive deficits and fatigue. Physical exam reveals that the examination of the skin is within normal limits in all limbs except for scarring on the head. There is tenderness upon palpation of the head. Short term memory and word-finding abilities are decreased. Muscle stretch reflexes are 2 and symmetric bilaterally in all limbs. Clonus. Babinski's, and Hoffmann's signs are negative. Muscle strength is 5/5 in all limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 2MG, ONE TAB PO QID PRN, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97; 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Dilaudid 2mg 1 tablet QID prn #30 is not medically necessary per MTUS, ODG and other guideline recommendations. The documentation submitted reveals that the patient was being prescribed Dilaudid for her severe headaches. The documentation indicates that she is already on other opioid medications as well as non-opioid migraine medications. The use of 2 short acting opioids are not recommended per MTUS recommendations. Per the article in the January 2014 journal Headache: The Journal of Head and Face Pain an article titled Opioids in Headache by Morris Levin MD states that when using opioids for the acute relief of migraine there is a propensity of virtually all of them to lead to medication overuse headache (MOH) and/or progression of episodic migraine to chronic migraine. The documentation states that patient has chronic headache symptoms at this point and therefore prescribing another opioid is not appropriate. The ODG states that headache are the most common symptom associated with brain injury, and assessment and management of headaches after concussion should be the same as those for other causes of headache. Drugs to treat headaches, pain, and other symptoms should be carefully monitored because brain injured patients are more sensitive to medication adverse effects. The documentation submitted reveals patient has cognitive deficits and chronic headaches. It would not be appropriate to prescribe her a second short acting opioid analgesic. In light of all the above reasons, the request for Dilaudid 2mg 1 tablet QID prn#30 is not medically necessary.