

<b>Case Number:</b>	CM13-0050437		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/23/2001
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 physician 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:

██████████ is a 54-year-old woman who sustained a work-related injury on January 23, 2001. Subsequently the patient developed that chronic neck pain. According to the notes of August 28, 2013, the patient had an increasing neck pain with anxiety when her medications were decreased. Her physical examination demonstrated significant tenderness to with spasm. Spurling's maneuver caused pain in the muscles of the neck. There is a reduction of all grip motor strength, wrist flexion and extension, reduced light touch sensation on the right upper extremity. The patient was diagnosed with cervical radiculopathy, cervical pain, shoulder pain, mood disorder, and C5 C7 fusion. The patient was treated with the Effexor, Topamax, Buspar, Dilaudid, Percocet, Ativan, Zanaflex, and morphine sulfate. Her provider requested authorization to use Dilaudid, Ativan and Buspar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seven (7) Dilaudid 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. Hydromorphone (Dilaudid®; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, Appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework> There is clear evidence and documentation form the patient file, for a need for more narcotic medications. The patient was already on short and long acting opioid medication (Percocet). There is no indication and rational for the use of two short acting opioids. In addition, there is no urine drug screen documenting the patient compliance with prescribed medications. Therefore, the prescription of 7 Dilaudid 4mg is not medically necessary

**Sixty (60) Ativan 1mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. Therefore the use of 60 Ativan 1mg is not medically necessary

**Thirty (30) Buspar 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Generalized Anxiety.

**Decision rationale:** Buspar is approved for short term relief of anxiety symptoms. According to ODG guidelines, its efficacy is reduced in patients with recent prior benzodiazepine use. There is no documentation that the patient suffered from anxiety and no evaluation of the efficacy and safety of previous use of Buspar. There is no rationale behind the continuous use of Buspar. Therefore, the prescription of 30 Buspar 10mg is not medically necessary.