

<b>Case Number:</b>	CM13-0060956		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Occupational 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 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 patient has filed a claim for cervical spondylosis and low back pain associated with an industrial injury date of June 18, 2003. Utilization review from November 22, 2013 denied the requests for Valium due to weaning protocol, hydromorphone and Dilaudid due to no documentation of analgesia and functional gains, and naproxen due to no significant functional gains associated with intake of this medication. Treatment has included opioid and non-opioid pain medications, epidural steroid injection, cervical fusion, and physical therapy. Medical records from 2011 through 2013 were reviewed showing the patient complaining of chronic neck and low back pain. The patient recently had cervical fusion as well as a moderate benzodiazepine withdrawal after surgery. However, in the November 18, 2013 progress note, the patient was noted to be no longer in withdrawal. On examination, the patient was not noted to be in distress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE REQUEST FOR DILAUDID 4MG #60: Upheld**

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

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

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient underwent cervical fusion on August 27, 2013. The patient has been on Dilaudid since December 2011. However, the documentation did not indicate measurable pain relief via pain scores or specific functional gains in terms of improved ability to perform activities of daily living. The patient was also noted to have been weaned down with 2-mg tablets of Dilaudid. Therefore, the request for Dilaudid is not medically necessary.

**EXALGO ER 12MG #30:** Upheld

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

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

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient underwent cervical fusion on August 27, 2013. The patient has been on hydromorphone since May 2013. However, the documentation did not indicate measurable pain relief via pain scores or specific functional gains in terms of improved ability to perform activities of daily living. Therefore, the request for Exalgo is not medically necessary.

**EXALGO ER 8MG TABLET #30:** Upheld

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

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

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient underwent cervical fusion on August 27, 2013. The patient has been on hydromorphone since May 2013. However, the documentation did not indicate measurable pain relief via pain scores or specific functional gains in terms of improved ability to perform activities of daily living. Therefore, the request for Exalgo is not medically necessary.

**VALIUM 5MG #90:** Upheld

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

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

**Decision rationale:** As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient demonstrated benzodiazepine withdrawal in the November 8, 2013 progress note. A treatment and weaning plan was indicated with Valium 5 mg being taken 3 times a day for 7 days, then twice a day for 7 more days and finally once a day for 7 days. The patient was noted to be not in benzodiazepine withdrawal in the November 18, 2013 progress note. A supply of 90 tablets of Valium is excessive given the weaning protocol. Therefore, the request for Valium is not medically necessary.

**NAPROXEN-ANAPROX 550MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**Decision rationale:** As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are useful in treating breakthrough and mixed pain conditions such as neuropathic pain, osteoarthritis, and back pain; there is no evidence for long-term effectiveness for pain and function. In this case, the patient underwent cervical fusion on August 27, 2013. The patient has been on naproxen since December 2011. However, the documentation did not indicate measurable pain relief via pain scores or specific functional gains in terms of improved ability to perform activities of daily living. Therefore, the request for naproxen is not medically necessary.