

Case Number:	CM13-0069262		
Date Assigned:	01/03/2014	Date of Injury:	12/17/2001
Decision Date:	04/22/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for organic affective disorder, bilateral wrist and hand pain, major depressive disorder, hip pain, and insomnia reportedly associated with an industrial injury of December 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, including opioid agents and muscle relaxants; psychotropic medications; unspecified amounts of occupational therapy over the life of the claim; unspecified amounts of psychotherapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a utilization review report of December 12, 2013, the claims administrator partially certified a request for Flexeril and denied a request for Dilaudid. The applicant's attorney subsequently appealed. In a December 12, 2013 telephone encounter, the attending provider states that the claims administrator's utilization reviewer physician did not discuss the request for Dilaudid in the utilization review call. In a November 25, 2013 appeal letter, the attending provider appeals the earlier denial of Dilaudid. It is stated that Dilaudid is the most appropriate condition given the applicant's comorbid medical conditions. It is stated that the applicant should be provided access to multidisciplinary care. A clinical progress note of December 9, 2013 is notable for comments that the applicant reports unchanged hand and wrist pain. Her activity level is the same. She states that the medications are working well without side effects. She was unable to make an appointment owing to transportation issues. The applicant states that Flexeril decreases muscle spasm. She is on Flexeril, Dilaudid, Seroquel, Effexor, and Wellbutrin, it is stated. She does have a history of hepatitis C, it is stated. She is smoking a half pack a day. Upper extremity strength in the 4-5/5 range is appreciated in various muscle groups. The applicant is overweight with a BMI of 31. Laboratory testing to determine the present state of the applicant's hepatitis C is sought. It is stated that the applicant has chronic unremitting pain

and that Dilaudid is being used to ameliorate her function. The applicant is described as having failed numerous other opioids. The attending provider reiterates that Dilaudid is the most appropriate medication for the applicant, given her hepatitis and failure of other first-line opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE DECISION FOR FLEXERIL 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using other medications including Dilaudid, which has been certified below. Adding Cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not certified, on Independent Medical Review.

THE DECISION FOR 1 PRESCRIPTION OF DILAUDID 2MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 11 and 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, the applicant appears to meet two of the three aforementioned criteria. Specifically, the applicant reports appropriate reduction in pain scores and improved ability to perform activities of daily living effected as a result of ongoing opioid therapy with Dilaudid. It is further noted that, as suggested both by the attending provider and on page 11 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the treating physician to take into consideration applicant-specific variable such as comorbidity and other medications into the choice of pain medications for an individual applicant. In this case, the applicant does have comorbidity, specifically hepatitis C. She is apparently not a candidate for acetaminophen-opioid combinations. A pure opioid, such as Dilaudid, is likely a more appropriate choice, as posited by Final Determination Letter for IMR Case Number [REDACTED] the attending provider. Therefore, the original utilization review decision is overturned, for all the stated reasons. The request is certified.

