

<b>Case Number:</b>	CM14-0011891		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/26/2005
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 patient is a 46 year old male who was injured on 02/26/2005. The mechanism of injury is unknown. Prior treatment history has included H-wave, physical therapy, Norco, Lyrica, Pristiq, bupropion, Lunesta, Clonazepam, Carisprodol, Cytrial, vitamin D and Opana ER. RFA dated 01/15/2014 indicates the patient reports he had an injection to his neck on 12/18/2013 and states he had no relief from this injection. He was Wellbutrin XL 300 mg, Cymbalta 90 mg, and Klonopin 0.5 in the morning and 0.1 mg at night time. He rated his depression as 7 and feels the decrease of Wellbutrin helped but is now using Lunesta which has been effective. On examination of his mental status, his mood is moderately depressed and affect is appropriate to his mood. The patient denies homicidal or suicidal ideation. Impression is major depression, recurrent, moderate; generalized anxiety disorder, pain disorder associated with both psychological factors and a general medical condition. The plan is to continue the patient on Wellbutrin XL 300 mg, Klonopin 0.5 mg, Lunesta 2 mg, and Cymbalta 90 mg. Prior UR dated 01/23/2014 states the request for Dilaudid 4 mg #90 is non-certified as there is no evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DILAUDID 4 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use Page(s): 75-94.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for chronic neck pain or neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, Comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA (Tricyclic Anti-depressant) like Nortriptyline, SNRI (Selective Norepinephrine Reuptake Inhibitor) anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Patient is on Cymbalta. The medical record does not document functional improvement with Dilaudid and the emphasis should be placed on optimizing the dosing of Cymbalta or addition of other adjuvant analgesic to help weaning of opioid; therefore, the request for Dilaudid 4 mg #90 is not medically necessary and appropriate.