

<b>Case Number:</b>	CM14-0204212		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 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:

This individual is a 50 y/o male who has developed a cervical post laminectomy syndrome subsequent to an injury dated 5/10/04. He has been treated with extensive cervical surgery including a 2 level fusion and 2 level artificial disc placement. His current medical treatment is conservative and consists of medication management for high pain levels. Documentation dated 1/2/15 provides detailed documentation of pain relief (40-60%) and functional benefits due to his medications. There is no history of medication misuse or aberrant drug related behaviors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

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

**Decision rationale:** MTUS Guidelines support the judicious use of opioid medications when there is well-defined pain improvement, functional benefits and the lack of misuse. The Guideline qualifying standards are met in this patient. The Dilaudid 4mg. #120 is medically necessary.

**Lunesta 3mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia Treatment

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

**Decision rationale:** MTUS Guidelines do not address this issue of sleep medications. ODG Guidelines address this issue in detail and the up-to-date version supports long-term use of hypnotic medications if there is a chronic primary cause of insomnia. Chronic pain causes primary and secondary insomnia. The only alternative suggested by the Guidelines is a 6-week course of Cognitive Therapy for insomnia and there is no evidence that this has been provided. The Lunesta 3mg. #30 is medically necessary.

**Methadone 10mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

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

**Decision rationale:** MTUS Guidelines support the judicious use of opioid medications when there is well-defined pain improvement, functional benefits and the lack of misuse. The Guideline qualifying standards are met in this patient. The Methadone 10mg. #120 is medically necessary.