MAXIMUS Federal Services

Case Number:	CM15-0187376		
Date Assigned:	09/29/2015	Date of Injury:	08/14/2004
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 72 year old female, who sustained an industrial injury on 8-14-2004. The injured worker was being treated for cervical radiculopathy, migraine, occipital neuralgia, and cervical facet arthritis. Treatment to date has included diagnostics and medications. Currently (9-01-2015), the injured worker complains of gradual recurrence of migraines since the addition of Sufenta to her intrathecal mix. Her pain was described as constant and rated 9 out of 10 on a good day, and 10 out of 10 on a bad day (unchanged from previous exam ratings). She continued to use her pain pump to "maintain functional pain control", although activities of daily living function was not described. Active medications were listed as Metalaxone, Subsys, Valium, Dilaudid oral, Lioresal (intrathecal), Bupivcaine (intrathecal), Dilaudid (intrathecal), topical creams, Lidoderm patch, Zanaflex, Pamelor, Prevacid, Hydrochlorothiazide, Lasix, Nucynta, Fioricet, Promethazine, Cyclobenzaprine, Desipramine, Roxicidone, Ambien, Prednisone, Prilosec, Levothyroxin, Calcium, Vitamin D, DHEA, and Emla cream. Allergies were documented as Sulfa and Nucynta. The prior progress report (8-05-2015) did not document Valium or Subsys with active medications, but did note Valium use in the treatment plan, along with "stop Subsys". The use of oral and intrathecal Dilaudid was noted since at least 4-2015. Failed medications included Gabapentin, Lyrica, and Topamax. Physical exam noted bilateral frontotemporal tenderness and spasms and mild greater occipital nerve tenderness. Exam of the spine noted mild paracervical and trapezius tenderness and spasm and bilateral thoracic spasms and tenderness, cervical range of motion 45 degrees in forward flexion and bilateral lateral flexion, 60 degrees in hyperextension, and 50 degrees of bilateral lateral rotation. Sensory was

"normal" in the bilateral thoracic dermatomes. Work status was not documented. The treatment plan included Dilaudid 8mg #120, Valium 10mg #60, and Subsys 1600mcg #120. On 9-15-2015 Utilization Review non-certified the requested Dilaudid, Valium, and Subsys.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment, Opioid hyperalgesia.

Decision rationale: The claimant sustained a work injury in August 2004 and continues to be treated for chronic pain. Current treatments include an intrathecal opioid drug delivery system. When seen, she was having back pain. There had been very short relief when taking 1600 g of Subsys. Pain was rated at 8-10/10. Physical examination findings included a body mass index over 72. There was decreased cervical spine range of motion with moderate paracervical and trapezius muscle tenderness and spasms. There were severe thoracic muscle spasms with tenderness and severely limited and decreased painful range of motion. There was decreased lumbar spine range of motion with tenderness and spasms. Right biceps strength was decreased. Her intrathecal opioid pump was refilled. Oral medications were prescribed. The Dilaudid MED (morphine equivalent dose) alone was over 120 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is well in excess of that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Opioid hyperalgesia shoulder be considered and weaning of medications may be the most appropriate treatment. Ongoing prescribing of Dilaudid at this dose is not considered medically necessary.

Valium 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Benzodiazepines.

Decision rationale: The claimant sustained a work injury in August 2004 and continues to be treated for chronic pain. Current treatments include an intrathecal opioid drug delivery system. When seen, she was having back pain. There had been very short relief when taking 1600 g of

Subsys. Pain was rated at 8-10/10. Physical examination findings included a body mass index over 72. There was decreased cervical spine range of motion with moderate paracervical and trapezius muscle tenderness and spasms. There were severe thoracic muscle spasms with tenderness and severely limited and decreased painful range of motion. There was decreased lumbar spine range of motion with tenderness and spasms. Right biceps strength was decreased. Her intrathecal opioid pump was refilled. Oral medications were prescribed. The Dilaudid MED (morphine equivalent dose) alone was over 120 mg per day. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescribing. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Subsys 1600mcg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioid hyperalgesia.

Decision rationale: The claimant sustained a work injury in August 2004 and continues to be treated for chronic pain. Current treatments include an intrathecal opioid drug delivery system. When seen, she was having back pain. There had been very short relief when taking 1600 g of Subsys. Pain was rated at 8-10/10. Physical examination findings included a body mass index over 72. There was decreased cervical spine range of motion with moderate paracervical and trapezius muscle tenderness and spasms. There were severe thoracic muscle spasms with tenderness and severely limited and decreased painful range of motion. There was decreased lumbar spine range of motion with tenderness and spasms. Right biceps strength was decreased. Her intrathecal opioid pump was refilled. Oral medications were prescribed. The Dilaudid MED (morphine equivalent dose) alone was over 120 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is well in excess of that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Opioid hyperalgesia shoulder be considered and weaning of medications may be the most appropriate treatment. Ongoing prescribing of Subsys at this dose is not considered medically necessary.