

<b>Case Number:</b>	CM15-0036682		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/23/2005
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New York  
 Certification(s)/Specialty: Emergency Medicine

### 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 has reported low back and leg pain after an injury on 4/23/05. The diagnoses have included post laminectomy syndrome, radiculopathy, and sacroiliac joint pain. Treatments have included medications and epidural steroid injection. The treating physician reports during 2014 show ongoing prescribing of Cymbalta, Tylenol, tramadol, Abilify, Adderall, trazodone, oxycodone, and marijuana. Dilaudid was discontinued as of 9/3/14. There are reports of ongoing psychotherapy. None of the reports addresses the medical necessity for the medications now under Independent Medical Review. The report of 1/14/15 mentions good pain relief with an epidural steroid injection, followed by the return of back and leg pain. A repeat epidural steroid injection is planned. There was no discussion of medications. On 2/3/15 Utilization Review non-certified Dilaudid 4mg, Synthroid, Hormone Replacement Therapy, Abilify, and Symbicort. On 2/3/15, Utilization Review documented a telephone conversation with the provider of record, and noted that the provider stated "these prescriptions are no longer being prescribed." This phone conversation was also documented in the treating physician reports, with mention that the medications were no longer prescribed. Utilization Review noted the prior Utilization Review findings, which did not support the ongoing use of opioids, the lack of ongoing prescribing of the medications, and the lack of the necessary information in the records to comply with guidelines. The MTUS, the Official Disability Guidelines, and MD Consult were cited. The 2/26/15 Independent Medical Review application listed the disputed requests without any quantities or indications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There are no reports of specific benefit. The treating physician has discontinued this medication in September 2014, and has stated that she no longer prescribes this medication. There is therefore no medical necessity for Diluadid.

**Synthroid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph, Levothyroxine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Levothyroxine: Drug information.

**Decision rationale:** None of the reports address the medical necessity for this medication. The treating physician has stated that she is not prescribing this medication. None of the indications discussed in the guideline cited above are present in the records. There is no information about thyroid disease in the records. This medication is therefore not medically necessary.

**Hormone replacement therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Menopausal hormone therapy: Benefits and risks.

**Decision rationale:** The request to Independent Medical Review is for an unspecified medication. The treating physician and the Independent Medical Review application did not describe a specific medication for which medical necessity can be established. Given the many and varied medications that might be indicated in this clinical situation, an adequate prescription

would be required. This would include the name of the medication, indications, as well as the quantity. Since the necessary details were not provided, the unspecified medication is not medically necessary. A sample guideline is cited above. None of the necessary clinical information for "Menopausal hormone therapy" was presented in the reports.

**Abilify:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Aripiprazole: Drug information.

**Decision rationale:** None of the reports address the medical necessity for this medication. The treating physician has stated that she is not prescribing this medication. None of the indications discussed in the guideline cited above are present in the records. There is no information about Abilify in the records. This medication is therefore not medically necessary. A sample guideline is cited above. None of the necessary clinical information for use of this drug was presented in the reports.

**Symbicort:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pulmonary Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Budesonide and formoterol: Drug information.

**Decision rationale:** None of the reports address the medical necessity for this medication. The treating physician has stated that she is not prescribing this medication. None of the indications discussed in the guideline cited above are present in the records. There is no information about Symbicort in the records. This medication is therefore not medically necessary. A sample guideline is cited above. None of the necessary clinical information for use of this drug was presented in the reports.