

Case Number:	CM15-0080830		
Date Assigned:	05/01/2015	Date of Injury:	05/10/2004
Decision Date:	06/04/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 51-year-old male, with a reported date of injury of 05/10/2004. The diagnoses include cervicogenic headaches, anxiety disorder, depression secondary to pain, bilateral upper extremity neuropathy and status post cervical fusion. Treatments to date have included oral medications, cervical spine fusion and injections. The medical report dated 04/02/2015 indicates that the injured worker's chief complaint was neck pain, headache and bilateral shoulder pain. It was noted that the injured worker was still having frequent headaches at a rate of 3-4 per week. He had not shown any signs of aberrant behavior, and a recent CURES report was clean. The Dilaudid started working in thirty minutes. He had pain relief reducing his pain level from 8 out of 10 to 2-3 out of 10 for about 6-8 hours before he had to take his next dose. It was documented that the injured worker needed his medications to manage his neck pain, muscle spasms, and headaches. Without medications, his quality of life was poor and his activity level was minimal. With medications, the injured worker was more active, and participated in his activities of daily living. He stated that he remained depressed. A physical examination showed tenderness to palpation of the paracervical muscles, trigger point in the left occiput, stiffness and discomfort with range of motion of the cervical spine, light sensitivity, a normal mental status, tenderness on top of the shoulders and upper trapezius, bilateral discomfort with shoulder range of motion, especially the right shoulder, normal motor strength of the upper extremities, and decreased sensation throughout the bilateral hands. The medications listed are methadone, Lexapro, Lunesta, Dilaudid and Ativan. The treating physician requested Dilaudid 4mg and Ativan 1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs and non opioid co-analgesics have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interactions with other sedatives. The records show that the patient is utilizing high dose opioids with multiple sedative medications concurrently. There is no documentation of compliance monitoring with serial UDS or failure of NSAIDs and non-opioid anticonvulsant co-analgesic medications. There is documentation of continuation frequent headaches and severe pain despite high dose opioid medications indicating hyperalgesia state with decreased efficacy. There is no documentation of failure of guidelines recommended standard frequent headache medications. The criteria for the use of Dilaudid 4mg #60 was not met. The request is not medically necessary.

Ativan 1mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for short term treatment of anxiety associated with chronic pain syndrome. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with opioids and sedative medications. The guidelines recommend that mood stabilizing anticonvulsant or antidepressants with anxiolytic and analgesic actions be utilized in chronic pain patients with significant psychosomatic symptoms. The records indicate that the provider intended to utilize Ativan for a short term period that is in compliance with the guidelines recommended maximum of less than 4 weeks. The request was for continuation of treatment in a patient that is utilizing high dose opioids and multiple sedative medications. There is no record of completion of other treatment

modalities such as cognitive behavioral therapy and biofeedback. The criteria for the use of Ativan 1mg #15 was not met. The request is not medically necessary.