

<b>Case Number:</b>	CM15-0241085		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	05/20/1980
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	12/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 57 year old male who sustained an industrial injury on 05-20-1980. According to a progress report dated 11-24-2015, the injured worker was experiencing back stiffness, radicular pain in the right and left leg and weakness in the right and left leg. Back pain was located in the lumbar area and hip. Pain was rated 7 on a scale of 1-10. He also reported knee pain that was rated 7 in intensity. The provider noted that given the severity of symptoms of disk annular disruption and overt episodes of paralysis, that emergent surgical intervention was required. Medications included Cymbalta 30 mg once a day, Dilaudid 8 mg 2 tablets four times a day, Doc-Q-Lace 100 mg twice a day, Gabapentin 300 mg 3 three times a day, Invokamet 50-500 1 tablet twice a day, Mexiletine 150 mg every 8 hours and Oxycontin 60 mg 1 tablet three times a day, Senna 8.6 mg twice a day and Trazodone 50 mg at bedtime. Impression was noted as diabetes mellitus type 2, severe spinal pathology necessitating urgent surgery with over myelopathy with recurrent falls, recurrent injuries multiple times a week due to lower extremity weakness from severe spinal stenosis injuries to knees, hands, wrists, including cranial blows, worsening lumbar and cervical pathologies since last imaging about a year ago, normal angiogram within 4 years per patient, recent detoxification due to denial of medications with abrupt discontinuation and initial presentation with FSBS beyond readable on monitors. The injured worker had been cleared by cardiologists, and his FSBS were good enough to allow for surgery. A sleep study was suggested prior to surgical clearance. A home health evaluation was recommended as soon as possible due to falls and to assist with his medications. An authorization request dated 11-28-2015 was submitted for review. The requested services

included Trazodone, Dilaudid, Cymbalta, Oxycontin and Invokamet. Documentation submitted for review showed long term use of Dilaudid. Use of Invokamet dated back to August 2015. On 12-04-2015, Utilization Review non-certified the request for Dilaudid 8 mg #56 and Invokamet 50-500 mg #60. The request for Cymbalta, Oxycontin and Gabapentin was authorized.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Dilaudid 8 MG #56: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

#### **Invokamet 50/500 MG #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, invokamet.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of diabetes. The patient does have this diagnosis and documented symptoms of diseases. Therefore the request is medically necessary.