

Case Number:	CM14-0120108		
Date Assigned:	09/16/2014	Date of Injury:	10/16/2010
Decision Date:	10/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology has a subspecialty in Pain 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:

The injured worker is a 57 year old male who sustained an injury on 10/16/10 due to toxic exposure of chemicals. The injured worker had been followed for severe complaints of pain in the lumbar region with associated myofascial trigger points. The 07/10/14 evaluation noted a lack of improvement with Ambien for sleep. The injured worker still reported severe low back pain. The injured worker's physical exam findings noted ongoing spasms and tenderness to palpation in the trapezii and lumbar paraspinal musculature. As of 08/13/14 the injured worker was continuing to utilize Alprazolam, Dilaudid, Seroquel, and Prozac. The injured worker described improved sleep as well as controlled anxiety with the readjustment of medications. The injured worker continued to endorse memory loss, headaches, and dizziness. On physical exam there were noted trigger points in the lumbar muscular region. Ambien was discontinued at this evaluation. The injured worker's requested medications were denied on 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote 250mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: The injured worker has been followed for ongoing anxiety and depression issues that have been well stabilized by a combination of medications that have included Depakote, Alprazolam, and Seroquel. As of August of 2014, the injured worker's medication adjustments were sufficient to allow for better sleep and the discontinuation of Ambien. Given the efficacy of Depakote in combination with alprazolam and Seroquel, the use of this medication would be indicated on an outlier basis from the typical requirements for anti-convulsant medications. As such, the request for Depakote 250mg #60 is medically necessary and appropriate.

Dilaudid 8mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to the use of Dilaudid 8mg quantity 45, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Per guidelines, ongoing management with opioids require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gain, and appropriate medication use in the absence of side effect or aberrant drug-taking behaviors. Any associated improvement in function from prior opioid therapy was not documented. The computed morphine equivalent dose for this case (96 mg for Dilaudid and 20 mg for hydrocodone-acetaminophen) is not within guideline endorsements of up to 100 mg per day. There is no pain contract, pill count, behavioral evaluation, CURES report, or urine drug screen submitted for review to indicate lack of drug misuse/abuse. As such, the request for Dilaudid 8mg #45 is not medically necessary and appropriate.

Alprazolam 1mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The injured worker has been followed for ongoing anxiety and depression issues that have been well stabilized by a combination of medications that have included Depakote, Alprazolam, and Seroquel. As of August of 2014, the injured worker's medication adjustments were sufficient to allow for better sleep and the discontinuation of Ambien. Given the efficacy of Alprazolam in combination with Depakote and Seroquel, the use of this medication would be indicated on an outlier basis from the typical requirements for

benzodiazepine medications. As such, the request for Alprazolam 1mg #30 is medically necessary and appropriate.