

<b>Case Number:</b>	CM14-0216340		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: California

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:

This is a patient with a date of injury of 5/10/04. A utilization review determination dated 12/11/14 recommends non-certification/modification of Dilaudid, Lunesta, and methadone. 14/4/14 medical report identifies that the patient is stable and improved with medications. He has never shown any signs of aberrant behavior, comes to all appointments, does not ask for early refills or dose escalations. CURES report was clean. Pain relief is from 8/10 to 2-3/10. He had 2 discs replaced and 2 levels fused. Injections have not helped and nothing can be done interventionally to help his pain. Without medications, quality of life is poor and activity level is minimal. With medications, he is able to interact with family, attend church services, participate in ADLs like vacuuming, doing dishes, and he can walk over a mild per day for exercise. He remains depressed, but Lexapro improves his mood. On exam, there is tenderness, trigger point left occiput, decreased sensation. Medication refills were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DILAUDID 2MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Dilaudid, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and reduced NRS), no documentation of side effects, and no aberrant use. In light of the above issues, the currently requested Dilaudid is medically necessary.

**LUNESTA HS 1MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain; Insomnia, insomnia treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia Treatment and Eszopicolone (Lunesta)

**Decision rationale:** Regarding the request for Lunesta, California MTUS do not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

**METHADONE 10MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for methadone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing

opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and reduced NRS), no documentation of side effects, and no aberrant use. In light of the above issues, the currently requested methadone is medically necessary.