

<b>Case Number:</b>	CM15-0046704		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: California

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 (IW) is a 61-year-old male who sustained an industrial injury on 04/20/2000. He reported neck pain. The injured worker's diagnoses include lumbar radiculopathy and cervical radiculopathy. Treatment to date has included pain medication and psychotropic medications. Currently, the injured worker complains of constant neck pain with muscle spasm and burning across the shoulders. The worker states pain medications reduce his pain by 50% and improve his ability to perform his activities of daily living by 50% versus living without the medication. A request for medication is made for Dilaudid 4mg #100, Latuda 20mg #30 and Cymbalta 60mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 181.

**Decision rationale:** The patient has a longstanding injury and duration of opioid use. The MTUS guidelines do make recommendations regarding the use of opioids in patients with chronic cervical pain. This includes short-term opioid use of less than 2 weeks duration. It is not advised that opioids are used long term as there is poor evidence of benefit with a significant risk of dependence. Patients who are opioid tolerant should not discontinue use abruptly, but should be weaned down slowly. Therefore, this is not medically necessary.

**Latuda 20mg #30:** 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 & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The MTUS guidelines do make recommendations regarding medication use in patients with cervical complaints. These include Acetaminophen and NSAIDs, with second line agents including muscle relaxants. Opioids are indicated for short-term use as well. Latuda is a psychotropic medication indicated for schizophrenia or bipolar depression. There is no listed indication for use of this type of medication for cervical or spinal musculoskeletal or neuropathic pain. Therefore, this is not medically necessary.