

Case Number:	CM13-0006331		
Date Assigned:	08/27/2013	Date of Injury:	08/30/2011
Decision Date:	01/07/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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.

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 underlying date of injury in this case is 8/30/2011. The primary diagnosis is shoulder pain. On 6/19/2013, the patient underwent an examination under anesthesia of both shoulders, as well as an arthroscopic debridement with labral debridement and chondroplasty of the right rotator cuff, arthroscopic capsule release of the right rotator cuff, microfracture of the right glenoid, and arthroscopic modified re-do subacromial decompression of the right shoulder. An initial physician review notes that the patient was approximately 1 month status post right shoulder pain with increased pain due to physical therapy and postoperative pain. The reviewer noted that an opioid analgesic might be considered appropriate, although the guidelines recommend that the dose not exceed 120 morphine equivalent. In this case, the patient had combined MED of 220mg, thus far exceeding the guidelines. Therefore, the reviewer recommended noncertification of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California Medical Treatment Utilization Schedule recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. More specific information on Exalgo is noted in Official Disability Final Determination Letter for IMR Case Number CM13-00063313 Guidelines which notes a FDA Black Box Warning and states it is not recommended as a first -line drug. The FDA Black Box Warning states in part that Exalgo is for use is opioid -tolerant patients only. Accidental adjustment in Exalgo can result in fatal overdose of hydromorphone. Overall, the medical records in this case do not appear to address in sufficient detail the patient's opioid tolerance as well as monitoring opioids with reference to the four domains of opioid management. Additionally, the medical records indicate that this patient is being treated with multiple other op ioids. As of June 7, 2013, the patient's medication list included not only Exalgo, but also Norco, Dilaudid, Nucynta, and Butrans. That medication list is not completely clear in terms of whether all of these medications are being prescribed simultaneously, or have been prescribed in sequence. In any event, the medical records overall are those of very substantial opioid use and probable opioid tolerance without clear correlation of functional benefit or other items in the four domains of opioid monitoring. The records do not support an indication for opioids in general, or for Exalgo in particular. The request for Exalgo 8mg #30 is not medically necessary and appropriate.

Exalgo 16mg #60: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. More specific information on Exalgo is noted in Official Disability Guidelines which notes a FDA Black Box Warning and states it is not recommended as a first -line drug. The FDA Black Box Warning states in part that Exalgo is for use is opioid -tolerant patients only. Accidental adjustment in Exalgo can result in fatal overdose of hydromorphone. Overall, the medical records in this case do not appear to address in sufficient detail the patient's opioid tolerance as well as monitoring opioids with reference to the four domains of opioid management. Additionally, the medical records indicate that this patient is being treated with multiple other opioids. As of June 7, 2013, the patient's medication list included not only Exalgo, but also Norco, Dilaudid, Nucynta, and Butrans. That medication list is not completely clear in terms of whether all of these medications are being prescribed simultaneously, or have been prescribed in sequence. In any event, the medical records overall are those of very substantial opioid use and probable opioid tolerance without clear correlation of functional benefit or other items in the four domains of opioid monitoring. The records do not support an indication for opioids in general, or for Exalgo in particular. The request for Exalgo 8mg #30 is not medically necessary and appropriate

