

Case Number:	CM13-0012814		
Date Assigned:	03/03/2014	Date of Injury:	09/04/2004
Decision Date:	04/22/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/13/2013

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 Physical Medicine and 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 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:

This is a 61-year old female with a history of back injury on 9/04/04 caused by a slip and fall on a wet floor. The patient failed conservative care, and ended up having a lumbar fusion at L5-S1 followed by a later extension of the fusion at L4, L5 and S1. She has been sent by an AME, who on 8/26/09, stated that successful fusion had been achieved, and that the patient had reached maximal medical improvement at that time. Impairment was rated. The patient was given a permanent work restriction. Future medical recommendations were vague, and included "appropriate analgesic and anti-inflammatory medications". The patient has psyche issues as well as opioid dependency following this injury due to chronic pain. The patient has been under the care of a pain specialist, and 5/02/13 reports that the patient was on Amitriptyline, Cymbalta, Lidoderm, Naprelan, Neurontin, Xanax, and Lortab. The pain doctor's plan at that time was to transition from short acting opioids to long acting opioids. There was no UDS or pain contract discussed in any of the reports submitted from the pain specialist. On 7/10/13, the patient presented at the [REDACTED] Emergency Department requesting pain medication, stating that she saw her pain management doctor recently and that the doctor "went bezerk", and she cannot go there. She was told to contact her doctor for regular narcotic prescriptions, but was given a "one time" refill in the ER as well as a Toradol shot. This was submitted to Utilization Review on 7/18/13. It appears that the patient was looking for another pain doctor, and got a prescription of Exalgo and Lortab in the ER. This was not recommended for certification

IMR ISSUES, DECISIONS AND RATIONALES

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

EXALGO (HYDROMORPHONE) 8MG, #30, 1 TABLET EVERY MORNING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION(WEB), 2013, PAIN-EXALGO (HYDROMORPHONE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. It does not appear that this patient is monitored via UDS and that a pain contract is in place. There is no clear evidence of efficacy, with use facilitating the ability to stay at work. This patient has now been on opioid pain meds for years. None of the submitted reports reflect intention to wean this medication. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. This patient was dispensed opioids in the ER, while looking for a new pain doctor without clear justification. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated. Medical necessity of Exalgo is not certified.