

Case Number:	CM13-0016621		
Date Assigned:	11/06/2013	Date of Injury:	10/18/2002
Decision Date:	02/18/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational 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 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. 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 claimant is a 51 year old male with a date of injury 10/18/2002. The treatments requested are a prescription for Exalgo 12 mg #90, a prescription of oxycodone 15 mg #180, and 12 acupuncture visits. The patient carries numerous diagnoses; failed back syndrome, lumbar radiculopathy, fibromyalgia, chronic pain syndrome, sacroiliitis, insomnia, hypertension, and depression. In the most recent report available by [REDACTED] of 08/07/2013, the patient's pain management specialist, he lists the patient's current medication regimen. **MEDICATIONS:** 1. HCTZ once a day. 2. Testim apply topically by route q day. 3. Ambien 10 mg 1 tablet at bedtime. 4. Oxycodone 15 mg I q4hrs max 6/day. 5. Exalgo 12 mg 1 q am, 2 q afternoon 6. Peginteleron Alfa-2a 180 Mcg/0.5 MI, inject weekly. 7. Ribasphere 200 mg 7 q day. 8. Flexeril unknown dosage. [REDACTED] pain management records were available for review dating back to January 2013. The patient has been taking both Exalgo and Oxycodone since at least that time. At nearly all of the twice monthly visits to [REDACTED], the patient reported severe back pain, 8/10, while taking both the narcotics simultaneously. On the day of this examination, 08/07/2013, the patient reported severe to moderate low back pain radiating into the upper back, gluteal area and left knee. He described the pain as deep piercing, sharp, shooting and stabbing. Physical examination at that time revealed no motor weakness, coordination intact and fine motor skills normal. Further review of the medical records for the prior year, show essentially no change in the patient's condition. There is no documentation for functional improvement with the trial of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 12mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exalgo, Hydromorphone (Dilaudid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of both Exalgo and oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Exalgo is not medically necessary.

12 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture or Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of 6 visits of acupuncture previously authorized. Acupuncture is not medically necessary.

Oxycodone HCL 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of both Exalgo and Oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Oxycodone is not medically necessary.