

Case Number:	CM13-0027589		
Date Assigned:	03/19/2014	Date of Injury:	11/15/2003
Decision Date:	04/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/23/2013

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, has a subspecialty in Pain Management 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 female patient with the date of injury of November 15, 2003. A utilization review determination dated September 3, 2013 recommends modification of Exalgo ER 32mg and non-certification of Dilaudid 8mg and admission to [REDACTED]. The previous reviewing physician recommended modification of Exalgo ER 32mg, due to changing to use of Exalgo ER being indicated, but the risk of serious side effects must be taken into consideration and ongoing use should be guided by analgesia and increasing function; non-certification of Dilaudid 8mg, due to with the use of 32 mg Exalgo ER per day, the morphine equivalent dose is 128 mg, but the use of Dilaudid would markedly increase daily intake and the risk of serious, life-threatening side effects, with high doses of hydromorphone too great to warrant use; and non-certification of admission to [REDACTED], due to the provider having determined surgery to be a viable option and the patient displays negative predictors of success. An Encounter Note dated August 13, 2013 identifies a Chief Complaint of back pain. The patient has been driven to alcohol abuse and suicidal ideation. The physical exam identifies that the patient is in moderate discomfort. She is able to go from sit to stand with effort and discomfort with an analgesic, and moderately deliberate gait pattern. The patient does appear to be under significant stress, constant discomfort, and in a difficult situation. The diagnoses include non-allopathic lesion lumbar, muscle weakness (general), cervicalgia, nanallopathic lesions sacral, fibromyalgia, lumbago, thoracic/lumbosacral neuritis, sprain neck, spasm muscle, and derangement meniscus NEC. The plan included medication, and the patient is medically indicated for surgery to her spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXALGO ER 32MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 76-79 OF 127.

Decision rationale: The Chronic Pain Guidelines indicate that Exalgo 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. The 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 no indication that the Exalgo is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Exalgo ER 32mg is not medically necessary.

DILAUDID 8MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN GUIDELINES, HYDROMORPHONE AND OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 76-79 OF 127.

Decision rationale: The Chronic Pain Guidelines indicate that Dilaudid 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. The 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 no indication that the Dilaudid is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Dilaudid 8mg is not medically necessary.

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009). Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS
(FUNCTIONAL RESTORATION PROGRAM).

Decision rationale: The Chronic Pain Guidelines support chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and Negative predictors of success above have been addressed. Within the documentation available for review, the patient is considered a surgical candidate. The Guidelines do not recommend pain rehabilitation programs if the patient is a candidate for surgery. Additionally, there is no mention that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Negative predictors of success have not been addressed. In light of the above issues, the currently requested [REDACTED] is not medically necessary.