

Case Number:	CM13-0035245		
Date Assigned:	01/03/2014	Date of Injury:	01/09/1996
Decision Date:	03/19/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 patient is a female with a date of injury of January 9, 1996. A utilization review determination dated October 4, 2013 recommends noncertification of Exalgo and Dilaudid. A letter dated October 10, 2013 states that independent medical review is requested only for Dilaudid 4 mg #240. The note goes on to state that the patient has chronic pain ever since a spinal cord stimulator was placed in 2007. She states that 2 surgeries were required with laminectomy that C3, C4, C5, C6, and C7 in order to remove the spinal cord stimulator. The note states that the dialogue it does not cause drowsiness, and the Exalgo works better for pain control than the Dilaudid. The patient's pain limits her from looking down at books and the patient would be unable to participate in classes without her current pain medication. The patient states that she has been trying to reduce the number of pills and was therefore started on Exalgo. A handwritten note from the patient dated December 16, 2013 indicates that the patient is using 2 mg of Dilaudid twice-daily and Exalgo 10 mg once daily. A letter from the patient dated January 21, 2014 indicates that the patient is taking 8 mg of Exalgo per day and only 2 mg of Dilaudid at 1 to 2 tablets up to twice a day #120 per month. The patient indicates that she has found great relief with Exalgo and has been able to reduce the use of Dilaudid from 4 mg #240 per month to 2 mg #120 per month. A urine drug test performed on April 27, 2012 is positive for Dilaudid at and positive for Xanax (which is listed as not prescribed). A progress report dated May 24, 2012 indicates that the urine drug test had no discrepancies. The medication list includes Alprazolam and Dilaudid. A urine drug test performed on August 5, 2013 is positive for Dilaudid. A progress report dated August 1, 2013 include subjective complaints identify worsening neck pain with numbness into the right forearm. The physical examination identifies reduced sensation to palpation in the right C6-C8 to distribution. The diagnoses include right cervical radiculopathy, cervical facet arthropathy, and exacerbation of CRPS right upper extremity. The treatment plan

recommends changing Skelaxin to Amrix and continuing current medications including Dilaudid 4 milligrams 1 to 2 Q4 hours PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #240: 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): 76-79.

Decision rationale: Regarding the request for Dilaudid 4 mg, California Pain Medical Treatment Guidelines state 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. 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 identification that the patient's Dilaudid is reducing her pain and improving her function allowing her to participate in school work. Additionally, she is clarified that there are no side effects from use of this medication, and urine drug screens have been consistent. Furthermore, the use of Dilaudid has been significantly reduced since starting the Exalgo. However, the patient is no longer using 4 mg of Dilaudid 8x/day and is instead using 2 mg of Dilaudid 2x/day per day. As such, the currently requested Dilaudid 4 mg is not medically necessary.

Exalgo 16mg #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): 76-79.

Decision rationale: Regarding the request for Exalgo 16 mg, California Pain Medical Treatment Guidelines state 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. 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 identification that the patient's Exalgo is reducing her pain and improving her function allowing her to participate in school work. Additionally, she is clarified that there are no side effects from use of this medication, and urine drug screens have been consistent. Furthermore, the use of Exalgo has significantly reduced the need for PRN opiate pain medication. However, the patient is no longer using 16 mg of Exalgo and is instead using 8 mg of Exalgo per day. Unfortunately, there is no provision to modify the

current request for 16 mg of Exalgo. As such, the currently requested Exalgo 16 mg is not medically necessary.