

Case Number:	CM13-0041216		
Date Assigned:	12/20/2013	Date of Injury:	09/27/2007
Decision Date:	02/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 39-year-old female with a pre-existing history of chronic cervicalgia/degenerative joint disease that reportedly started when she sustained a work-related injury in 2008 when she was still working at [REDACTED]. That injury left her with a cervical spinal issue. She has had multiple surgical procedures that did not provide any significant improvement. She was seen and evaluated by multiple neurologists. At one point, [REDACTED] told her that she has a nerve injury and possible brachial plexus injury on the left. She was also seen by [REDACTED], who performed electromyogram. The patient currently is being followed by a pain specialist who also acts as her PCP and has been doing relatively well until the sudden onset of neck pain exacerbation a few days prior to admission. She states that she has been having neck pain with associated numbness and tingling discomfort in both arms with occasional distal arm discoloration. She also began to develop vague shortness of breath unaccompanied by any chest pain, palpitation and other symptomatology's. She woke up yesterday with severe back pain, so she went to her primary care physician, and she was told to continue her medications and to come to the ER if her problems will persist. She was also informed that her problem might be related to her underlying disk injury.- A few hours prior to admission, her shortness of breath escalated to the point that it became unbearable, described as "it seems that I cannot take a deep breath." Persistence of above problems prompted this ED visit where she underwent multiple imaging, studies that came back negative. The patient brought multiple imaging study results that included MRI of the cervical region, MRI of the brain and cervical x-ray plus MRI of the brachial plexus that all came back unremarkable except for focal disk protrusion at C6-C7/degenerative disk changes. The patient was given several doses of Valium, Dilaudid IV. She was initially seen and

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 32mg #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): 75-76.

Decision rationale: CA-MTUS (Effective July 18, 2009) page 75 to 76 of 127 section on opioids: Exalgo (Hydromorphone) is a Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol®), Oxycodone (OxyIR®), Oxyfast®, Endocodone®, Oxycodone with acetaminophen, (Roxilox®, Roxicet®, Percocet®, Tylox®, Endocet®), Hydrocodone with acetaminophen, (Vicodin®, Lorcet®, Lortab®, Zydone®, Hydrocet®, Norco®), Hydromorphone (Dilaudid®, Hydrostat®). (Baumann, 2002) CA-MTUS further stated that " Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury, with the most common example being pain secondary to cancer)." In this case, the claimant continues to be symptomatic and it is noted that the claimant is taking Exalgo 16mg 1 tablet by mouth every 12 hours as a part of pain management in addition to Norco and Methadone amongst other pain medications, with not functional improvement. Therefore the weaning process should have been initiated according to guidelines. Therefore the request for Exalgo 32 mg #60 is not medically necessary..