

Case Number:	CM13-0042339		
Date Assigned:	01/15/2014	Date of Injury:	10/08/2008
Decision Date:	06/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 61 year old male who reported an injury on 10/08/2008; the mechanism of injury was not provided within the medical records. The clinical note dated 08/26/2013 noted the injured worker presented with upper back, lower back, and neck pain. The injured worker reported lower levels of activity tolerance and the provider stated that he was possibly developing a tolerance to the Dilaudid that was being prescribed to him. The physical exam findings included pain over the bilateral lumbar paraspinal muscles, bilateral facet joints, bilateral sacrum, and bilateral gluteal region. The injured workers lumbar ROM was as follows; flexion was 60 degrees, extension was 15 degrees, left lateral rotation was 30 degrees, and right lateral rotation was 30 degrees. The injured worker had a urine drug screen done on 11/20/2012. The request for authorization form has not been included in this medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXALGO 12MG - 2 TIMES PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR PAIN Page(s): 89.

Decision rationale: The request for Exalgo 12mg two times a day is non-certified. The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. Therefore the request is non-certified.

HYDROMORPHONE HYDROCHLORIDE 4MG, AS NEEDED, (120/MONTH BEING PRESCRIBED),: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR PAIN Page(s): 89.

Decision rationale: The request for Hydromorphone hydrochloride 4mg is non-certified. The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. Therefore the request is non-certified.

TIZANIDINE 4MG - 2 TIMES PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 63.

Decision rationale: The request for Tizanidine 4MG twice a day is non-certified. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in

pain and overall Improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed Tizanidine since at least 02/25/2013. The guidelines recommend Tizanidine for second-line, short term use. The use of this medication exceeds the recommendations of the guidelines. The documentation lacks evidence of this medication providing desired effects for the injured worker. Therefore, the request is non-certified.

HYDROCODONE/IBUPROFEN 7.5/200MG - EVERY 6 HOURS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/IBUPROFEN Page(s): 92.

Decision rationale: The request for Hydrocodone/ibuprofen 7.5/200MG every 6 hours is non-certified. The California MTUS guidelines recommend Hydrocodone for short term use only, generally less than 10 days. The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing desired effects for the injured worker. The injured worker has been prescribed ibuprofen since at least 11/20/2012. The request for Hydrocodone 7.5/200MG every six hours exceeds the recommendations of the guidelines. There was a lack of an adequate and complete pain assessment within the documentation. Therefore, the request is non-certified.