

Case Number:	CM13-0053265		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2007
Decision Date:	03/19/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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, District of Columbia, Florida and Maryland. 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 was injured on 9/17/2007 and 8/28/2008. The patient states that the injury occurred when she was "taken down" by a patient in the ER when the patient grabbed her by the right arm and forced her to the floor. The patient worked for another two weeks after the injury. A rotator cuff tear was discovered and surgery to repair this was done in 1/2008. Ever since the injury, sensory changes have been present in the neck, hand, and arm. Bulging of the biceps as well as pain along her collar bone and along the breast are present. Primary treating physician's progress report dated 10/31/2013 indicates that the patient complains of shoulder pain rated 8/10. The patient experiences aching, soreness, tingling, stinging, and numbness. Condition occurred as a result of work injury and has existed for an extended amount of time. The patient indicates lifting, stinging, and stretching worsens condition, Past treatments for this condition include prescription medication. Pain is described as aching, burning, intermittent, radiating, shooting, shoots down the right arm and spasm. The patient complains of cervical spine pain rated 8/10 described as aching, burning, exhausting, pulling, sharp; stabbing, tearing, throbbing, tingling, and numbness. The patient experiences radicular pain in the bilateral arm and headaches. The patient has headaches that have been progressively getting worse since being denied the medication Exalgo. The patient has past medical history of C6-7 disc herniation and states that the pain comes up the left side of the neck, into the back of the head, and radiates behind the eyes and to the temples. The patient has chronic discoloration in the bilateral fingers with numbness and tingling as well. The patient has had no authorization of the Exalgo, which markedly increased the functional capacity and allowed patient to sleep. The patient is severely disabled with the inability to sleep at this time. The patient has -been unable to tolerate Duragesic, OxyContin, Butrans, MS Contin, Methadone, Avinza, Nucynta, and Opana ER. Clearly, there

has been more than adequate trials of alternative medications and the provider is going to request Exalgo again as the patient is able to sleep, work, provide for activities of daily living, and decreased pain in the area 50% or more without substantial side effects. The patient has signed a narcotic agreement, underwent routine urine drug screen, and has been seen by the pharmacologist who concurs. Medications include Gabapentin, Lidoderm patch, Tizanidine, Cymbalta, Topiramate, Ketoconazole, Metrogel, and Biofreeze. Examination reveals right shoulder abductors and right biceps muscle strength at 2/5. Left wrist extensors, right wrist flexors, and right triceps muscle-strength is 4/5. Right shoulder range of motion is limited with pain. There is tenderness at acromioclavicular joint. Rotator cuff supraspinatus strength is 3/5 on the right, external rotation strength rated at 3/5 on the right and internal rotation strength rated at 3/5 on the right. There is tenderness along the paraspinous muscles of the cervical spine that radiates to trapezius and rhomboid muscle bilaterally with improvement since the epidural. Bilateral patellar reflex and bilateral Achilles reflex is 2/4. C7 dermatome demonstrates decreased light touch sensation on the right. There is pain to palpation over the C2 to C3, C3 to C4 and C5 to C6 facet capsules on the right secondary to myofascial pain with triggering and ropey fibrotic banding right. The claimant has pain with rotational extension indicative of facet capsular tears bilaterally. There is positive Spurling's maneuver and maximal foramina! compression test on the right. There is phlebitis on upper extremity. The provider notes due to multiple non authorization, and periods of withdrawal, increase, and periods of time missing work due to nonauthorization of the medication the patient will return to Norco at increased dosing and undergo surgical interve

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8mg #120: 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 Page(s): 75-76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain (Chronic) - Opioid-Exalgo (hydromorphone).

Decision rationale: With respect to request for Exalgo 8mg, it is not supported by the guideline. The patient is being prescribed Exalgo ER 8mg daily and Norco. According to the CA MTUS guidelines, the recommendation is for opioid dosing not to exceed 120 MED. Numerous recent studies have been reported cautioning against high opioid dosing. Additionally, Exalgo is an opioid agonist intended for twice dally administration for the management of moderate to severe pain in opioid tolerant patients requiring continuous around-the-clock opioid analgesia for an extended period of time. The medical report dated 10/02/2013, does not establish the medical necessity for around the clock opioid analgesia. CA-MTUS stated that "Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. The provider was advised by the previous UR physician that weaning form opioid was necessary, and partial certification of Exalgo was recommended for weaning purposes. 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)." The guidelines recommended consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. (Sullivan, 2006) (Sullivan, 2005) (Wilsey, 2008) (Savage, 2008) (Ballyantyne, 2007) Therefore the weaning process should have been initiated according to guidelines. Therefore the request for Exalgo 8mg twice daily is not medically necessary.

Norco 10/325mg #240: 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 Page(s): 76-77, 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain (Chronic) - Opioids for chronic pain.

Decision rationale: With respect to the request for Norco 10/325mg #240, this is not supported by the guidelines. The guidelines do not recommend opioid as a first-line treatment for chronic non-malignant pain, and is not recommended in patients at high risk for misuse, diversion, or substance abuse. ODG states: Recommended as a 2nd or 3rd line treatment option at doses \leq 120 mg daily oral morphine equivalent dose (MED). Given that the patient has not had any long-term functional improvement gains from taking Norco over the past several months, it is warranted for the patient to begin weaning from Norco. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for Norco 10/325mg #240 is not medically necessary.