MAXIMUS Federal Services

Case Number:	CM13-0055741		
Date Assigned:	12/30/2013	Date of Injury:	02/01/1999
Decision Date:	03/13/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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, Maryland, and 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 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 50-year-old female who suffered from an unspecified cumulative work injury back between 1/28/1993 and 8/8/1996. The injury occurred in the course of her usual and customary job duties. Currently, the patient complains of whole body pain and has been diagnosed with the following: cervical radiculopathy, depression, hypertension, morbid obesity, complex regional pain syndrome of the right lower extremity, chronic pain, fibromyalgia, headaches, decreased renal functions, bilateral shoulder surgery with residuals, status post detox, history of GERD (gastroesophageal reflux disease) and hiatal hernia. The patients pain level is unchanged with average pain level 8/10 with medications and 10/10 without. She complains of worsening right knee pain and right knee braces, she also complains of dizziness. The patient states that she has severe episodes of shortness of breath with neat fainting episodes. She has completed 6 visits of acupuncture with aggregation of pain. The patient has been prescribed the following medications: lidoderm 5% patch, Senna/Docusate 8.6-50 mg, Nucynta 100 mg, Nexium 20 mg, Exalgo ER 8mg, and Bupropion ER 150 mg. According to a medical report by the provider, dated September 30, 2013, the patient complains of low back pain that radiates to the bilateral lower extremities. The patient also complains of neck pain that radiates to the bilateral upper extremities. The patient also complains of bilateral shoulder pain. The patient's pain level is unchanged with an average pain level of 9/10 with medication and 10/10 without medications. The patient complained of frequent dizzy epells end fainting. The patient complained of getting weaker and less able to do exercise due to increased right knee pain and dizziness. The patient complains of Gl (gastrointestinal) upset due to the medication. Upon examination, gait was antalgic. The patient uses a walker. Range of motion of the cervical spine revealed moderate reduction secondary to pain. There is right knee is painful range of

motion and medial lateral joint line tenderness. There is left lower extremity bruises. The patient was diagnosed with cervical radiculopethy, right lower extremity complex regional pain syndrome, fibromyalgia, headache, depression, chronic pain, hypertension, decreased renal function, bilateral shoulder surgery with residuals, status post detox, history of GERD, hiatal hernia, and morbid obesity. A B12 injection was provided during this visit. The patient was provided with recommendations and prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo ER 8mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, criteria for use Page(s): 75-76.

Decision rationale: The patient is being prescribed Exalgo ER 8mg daily and Nucynta 100mg. According to the CA MTUS guidelines, the recommendation is for opioid dosing not to exceed 120mg morphine equivalents. Numerous recent studies have been reported cautioning against high opioid dosing. Additionally, exalgo is an opiold agonist intended for once dally administration for the management of moderate to severe pain in opioid tolerant patients requiring continuous around-the-clook opioid analgesia for an extended period of time. The medical report dated September 30, 2013, does not establish the medical necessity for around the clook opioid analgesia. The 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. 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 ER 8mg 1 tablet by mouth every 24 hours as a part of pain management in addition to Nucynta 100 mg 1/2 tablet amongst other pain medications, with no functional improvement. 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 ER 8mg daily is not medically necessary.