

Case Number:	CM13-0061264		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2011
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Management 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 patient is a 50-year-old female who reported an injury on 11/16/2011 after she lifted a heavy object. The patient reportedly sustained an injury to her low back. The patient's treatment history included physical therapy, aquatic therapy, epidural steroid injections, and medication usage. The patient's most recent clinical examination findings dated 01/03/2014 documented that the patient had persistent low back pain described as 6/10 that is exacerbated by range of motion. Physical findings included tenderness to palpation over the L3-4, L4-5, and L5-S1 facet capsules with myofascial pain and evidence of trigger points with a positive Fabere maneuver to the right, a positive Gaenslen's maneuver to the right, and a positive stork sign. The patient's previous examination dated 11/07/2013 noted the patient's medication usage to include Cymbalta 60 mg, Exalgo 8 mg, Opana extended release 7.5 mg, and Flector patch 1.3%, and Norco 10/325 mg. The patient was monitored for aberrant behavior with urine drug screens. The patient's treatment plan included an MRI of the lumbar spine and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXALGO 8MG #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): 78-80.

Decision rationale: The Chronic Pain Guidelines recommend that the continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does include that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation also reflects that the patient has been on this medication prior to 10/2013. Therefore, continued use would need to be supported. The clinical documentation fails to provide a quantitative assessment of pain relief or documentation of functional benefit to support the efficacy of this medication and establish the need for continued use. Therefore, the requested Exalgo 8 mg #60 is not medically necessary or appropriate.

OPANA ER 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend that the continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does include that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation also reflects that the patient has been on this medication prior to 10/2013. Therefore, continued use would need to be supported. The clinical documentation fails to provide a quantitative assessment of pain relief or documentation of functional benefit to support the efficacy of this medication and establish the need for continued use. Therefore, the requested Opana ER 7.5 mg #30 is not medically necessary or appropriate.