

Case Number:	CM14-0000907		
Date Assigned:	04/04/2014	Date of Injury:	10/03/2000
Decision Date:	05/08/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Arizona. 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 55-year-old female with a date of injury on 10/3/2000. She sustained injuries when she was working as a nurse; when she fell down in her chair that moved out from under her. At that time she was 400 pounds; had gastric bypass in 2001 which reduced her weight to 220 pounds, then went back up to 300 pounds. She has complained of pain in both knee joints as well as in the feet and she has undergone numerous surgical procedures in the lower extremities. Her pain has been managed with several medications including opiates, Gabapentin, and tramadol. This patient has been taking morphine MSIR and Exalgo together for several months. Towards January, 2014 the second drug Exalgo was discontinued because it was ineffective for pain management in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXALGO, ER 12MG + 16MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain guide Page(s): 79-88. Decision based on Non-MTUS Citation ODG formulary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: It seems that the pain was reasonably controlled with MSIR 30 mg every 4-6 hours. The addition of long-acting hydromorphone in an extended release tablet is indicated for management of moderate to severe pain and opioid tolerant patients recording continuous around-the-clock opioid analgesia for extended period of time. It appears that this patient's pain was adequately controlled with MSIR. Therefore, addition of a long-acting opioid may result in additional side effects and is perhaps not necessary. The Official Disability Guidelines provide detailed discussion regarding the use of opioids for chronic pain. In most cases chronic use is not indicated because of a lack of efficacy in the long run and associated adverse effects and psychological issues. The request is therefore not medically necessary and appropriate.