

<b>Case Number:</b>	CM14-0002010		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/09/1993
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 and Rehabilitation, and is licensed to practice in California and Washington. 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 62-year-old female who reported an injury on 11/9/93. The mechanism of injury was not provided within the medical records. The clinical note dated 5/13/14 indicated diagnoses of low back pain; degenerative disc disease, lumbar spine; lumbar radiculopathy; and sacroiliac joint arthropathy. The injured worker reported chronic low back pain to the lower extremity and sacroiliac joint pain that had recently flared up after a day of gardening and planting bulbs. On physical exam of the lumbar spine, there was moderate tenderness at the L4-5 and L5-S1 levels with reported bilateral lower extremity pain in an L4, L5 and S1 pattern as well as L4 and L5 paraspinal musculature tenderness bilaterally with a snapping band. An unofficial CT scan of the lumbar spine revealed degenerative disc disease and facet arthropathy at multiple levels, worse at L4-5 and L5-S1. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Exalgo, Norco and gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo 16mg, #60:** Upheld

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

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

**Decision rationale:** The Official Disability Guidelines state that Exalgo (hydromorphone) is a once-a-day extended release opioid formulation 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, with an FDA black box warning, and is not recommended as a first line drug. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use behaviors and side effects. Moreover, the guidelines state that dosing should not exceed 120mg oral morphine equivalents per day. The injured worker's Exalgo is 128 mg a day. This exceeds the guideline recommendations. Furthermore, the request for Exalgo did not indicate a frequency. Therefore, the request is not medically necessary.

**Norco 10/325, #180:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request for Norco is not medically necessary.