

Case Number:	CM14-0017474		
Date Assigned:	04/14/2014	Date of Injury:	11/16/2011
Decision Date:	05/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 Texas. 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 50-year-old female who reported an injury on 11/16/2011. The mechanism of injury was not provided. The clinical documentation indicated the injured worker had been treated with opiates as of 2012. The documentation of 11/07/2013 revealed the injured worker's current medications were Cymbalta, Exalgo, Opana ER, and Norco 10/325. The documentation indicated the injured worker had increased pain with increased participation in routine ADLs for her house-bound mother who is 90 years old and who has end stage COPD. The injured worker has an ability to participate in routine ADLs with decreased pain and suffering. The side effects include increased energy. The injured worker was unable to sleep with the use of Opana ER at night and it was indicated the injured worker was supplementing the Opana ER with Norco in the evenings. The diagnoses include right hip pain and low back pain. The request and treatment plan included a continuation of a home exercise program and 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opiates for chronic pain. There should be documentation of an objective functional improvement, objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was lack of documentation of an objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of the medications equaled 144 mg of oral morphine equivalents per day, which exceeds the MTUS Chronic Pain Guidelines' recommendations of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Exalgo 8 mg #60 is not medically necessary and appropriate.

OPANA ER 7.5MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opiates for chronic pain. There should be documentation of an objective functional improvement, objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was lack of documentation of objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of the medications equaled 144 mg of oral morphine equivalents per day, which exceeds MTUS Chronic Pain Guidelines' recommendations of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 7.5 mg, #30 is not medically necessary and appropriate.