

Case Number:	CM14-0117644		
Date Assigned:	08/06/2014	Date of Injury:	11/18/2004
Decision Date:	10/03/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational Medicine and is licensed to practice in California. 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 52-year-old female who has submitted a claim for lumbago associated with an industrial injury date of November 18, 2004. Medical records from 2014 were reviewed, which showed that the patient complained of chronic low back pain. Examination revealed antalgic gait, tender paraspinal in lumbar area, positive SLR (straight leg raise) bilaterally and intact sensation. Treatment to date has included medications and a nerve block. Patient underwent a selective nerve block, which according to the patient, provided her complete pain relief from a preexisting 4/10 before injection. The patient was already completely off Norco and no longer having any sedation from Exalgo/hydromorphone. Utilization review from July 12, 2014 denied the request for Referral to Pain Management for multidisciplinary office, Exalgo 16 mg #30 and Dilaudid 4 mg #180. The request for the referral to pain management was denied because the patient had a positive response to the nerve root block and had no severe limitations in functionality. The request for Exalgo was denied because the patient had been having side effects of sedation and depression. The request for Dilaudid was denied because of the side effects of depression and sleep difficulty as well as the patient's combined dose of 160 oral morphine equivalents per day that exceeds 120 MED limits set by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 16 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. CA MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, the patient has been taking Exalgo 16 with Dilaudid to have total morphine equivalent units of 160mg, exceeding the limits set by the guidelines. With the recent improvement in the pain of the patient, this high dose of opioids is not necessary anymore. This is especially true with the presence of opioid side effects such as the constipation and sedation present in this patient. Moreover, there is no evidence of a recent UDS (urine drug screen) to monitor the patient's compliance to the medications. The necessity for continued use of opioids was not fulfilled. Therefore, the request for Exalgo 16, #30 is not medically necessary.

Dilaudid 4 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. CA MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, the patient has been taking Dilaudid with Exalgo 16 to have total morphine equivalent units of 160mg, exceeding the limits set by the guidelines. With the recent improvement in the pain of the patient, this high dose of opioids is not necessary anymore. This is especially true with the presence of opioid side effects such as the constipation and sedation present in this patient. Moreover, there is no evidence of a recent UDS to monitor the patient's compliance to the medications. The necessity for continued use of opioids was not fulfilled. Therefore, the request for Dilaudid 4 mg #180 is not medically necessary.

