

Case Number:	CM14-0118870		
Date Assigned:	08/06/2014	Date of Injury:	07/23/1997
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
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 Anesthesiology, Pain Medicine 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 injured worker is a 58-year-old female with reported date of injury on 07/23/1997. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include carpal tunnel syndrome, reflex sympathetic dystrophy of the lower extremities, osteoarthritis of the knee, depressive disorder, and persistent insomnia. Her previous treatments were noted to include medications, steroid injections, and ganglion block. The progress note dated 05/12/2014 revealed the injured worker complained of foot pain rated 8/10, wrist pain rated 8/10, knee pain rated 9/10, lower back pain rated 8/10, and T-spine pain. The injured worker indicated she had trouble refilling the Exalgo and had 15 tablets left at the time of the examination and she was taking Exalgo ER 32 mg daily, Nucynta 100 mg 6 daily, and Lyrica 100 mg 3 daily. The physical examination revealed tenderness to the bilateral knees at the medial and inferior aspect of the knee, with crepitation and no swelling. The provider indicated he did not want to increase the dose of Exalgo as her pain did not respond to increased doses. The Request for Authorization form dated 06/24/2014 was for Exalgo ER 32 mg #30 and Nucynta 100 mg #180 for reflex sympathetic dystrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo ER 32mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page 78 Page(s): 78.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator.

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. According to the MTUS Chronic Pain Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the four A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation of evidence of decreased pain on numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of the medications. There are no adverse effects reported with the use of the medications. There is a lack of documentation regarding consistent urine drug screens and when the last test was performed. Therefore, without documentation regarding significant pain relief, increased functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. The Official Disability Guidelines recommend 100 morphine equivalent doses daily with the utilization of opioids and a combination of Exalgo and Nucynta exceeds these recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary and appropriate.

Nucynta 100mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page 78 Page(s): 78.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator.

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. According to the MTUS Chronic Pain Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the four A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation of evidence of decreased pain on numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of the medications. There are no adverse effects reported with the use of the medications. There is a lack of documentation regarding consistent urine drug screens and when the last test was performed. Therefore, without documentation regarding significant pain relief, increased functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines.

The Official Disability Guidelines recommend 100 morphine equivalent doses daily with the utilization of opioids and a combination of Exalgo and Nucynta exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary and appropriate.