

Case Number:	CM14-0172194		
Date Assigned:	10/23/2014	Date of Injury:	04/12/2013
Decision Date:	12/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This is a 64 year old male was injured on 4/12/2003 when he tried to apprehend a juvenile for shoplifting. He was punched in the left face and fell on his left arm. On 7/15/03 the injured worked had exploration of ulnar and median nerves left wrist, neurolysis of ulnar and median nerves of the left wrist and tenosynovectomy of flexor tendons. MRI of the left brachial plexus dated 12/10/07 was normal, MRI of cervical spine revealed mid and lower cervical disc and facet degeneration and spondylosis of varying degrees with C7 nerve impingement. All findings were chronic in nature. On 3/7/14 cognitive behavioral therapy and neurological examination were requested. On 3/14/14 the injured worker continued to complain of left upper extremity pain, left hand weakness, right wrist and hand pain over the past six months, bilateral spasms with gripping. He is experiencing breakthrough pain eight to ten times per day. Currently he is on opiates, serotonin-norepinephrine reuptake inhibitor and anti-seizure medication. Previous treatments were transcutaneous electrical nerve stimulator (TENS) glove and Lidoderm, Voltaren gel which were not helpful. The diagnoses included cervicalgia, cervical spondylosis, pain in the joint involving the hand, opiate induced constipation, adjustment disorder with depressed mood, tenosynovitis left elbow, lesion of left ulnar nerve, opiate induced testicular hypo function and chronic pain syndrome. On 5/28/14 the injured worker had a short course of acupuncture producing a slight decrease in his need for medication. Some functional gains were noted per the Upper Extremity Functional Scale scoring 37 improved from previous 41 out of 80. He experienced a decrease in numbness and burning of right palm, improved right and left wrist flexion, improved muscle strength. On 6/10/14 the injured worker is complaining of symptoms of 3/14/14 due to running out of his medications. A psychiatric consult was done 6/27/14. The injured worker has a 33% permanent disability. Psychiatry recommended detoxification from Exalgo and Fentora, acupuncture treatments, urology consult, continue medication for

depression, psychiatric pain management and cognitive behavioral therapy. As of 10/17/14 the injured working is complaining of pain and is being weaned off opiates and is concerned for possible withdrawal symptoms. Inpatient detoxification was discussed. On 9/11/14 Utilization Review non-certified Exalgo 32 mg BID #60 (MED 256) based on the injured workers MED far exceeding the recommended ceiling of 120 MED and places the patient at a high risk for overdose and fatality. In addition the injured worker has been using opiates on a chronic basis which is not supported by evidence based guidelines. Also the injured worker has significant co-morbid conditions including hepatitis, sleep apnea and adjustment disorder with depressed mood and hypotestosteronemia, all of which render him a poor candidate for chronic opiate use and increases his risk of morbidity and mortality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 32 mg BID #60 MED 256 (Total MED with Fentora is 356 as MD prescribes):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids state "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of Exalgo nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation indicates that the most recent drug screen dated 9/5/14 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.