

<b>Case Number:</b>	CM14-0024749		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/26/1978
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 68-year-old woman who sustained a work related injury on February 26 1978. Subsequently, she developed chronic right knee pain and complex regional syndrome. According to a note dated on October 24 2013, the patient was complaining of right knee pain. Her pain severity was 8/10. Her physical examination showed preservation of range of motion of the right knee and bilateral lower extremities allodynia. The patient was examined on January 16 2014. She was started on Dilaudid and Morphine Sulfate IR (MSIR) 60 mg. Her gait was reported unsteady. The patient was diagnosed with complex regional pain syndrome. The provider requested authorization to continue Exalgo and MSIR 30mg.

### 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 OPIOID FOR CHRONIC PAIN.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Criteria for use of Opioids, page179.

**Decision rationale:** Exalgo is Hydromorphone extended release. According to MTUS guidelines, ongoing use of opioids should follow specific rules :"( a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." Based on the records, the patient has used opiates since at least 2013 with no significant improvement. There is no significant improvement of function and pain with continuous use of opioids. In addition, there is no urine drug screen documenting the patient compliance with prescribed medications. Therefore, the prescription of Exalgo 16mg #60 is not medically necessary.

**Morphine Sulfate IR (MSIR) 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic; and establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approaches if high dose is needed or if the pain does not improve after 3 months of treatment. There is no documentation of significant pain and functional improvement with previous use of Morphine. There is no objective quantification of the effect of previous use of Morphine. There is no clear plan to taper treatment. There are no clear reasons why other alternative therapies (non-opioids) were not used. Based on the above, the prescription of morphine MSIR 30 mg is not medically necessary.