

Case Number:	CM14-0038445		
Date Assigned:	06/27/2014	Date of Injury:	08/04/1989
Decision Date:	08/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This is a 55-year-old male with a 8/4/89 date of injury. The mechanism of injury was not noted. There were no physician progress reports provided for review. In a letter from an Agreed Medical Examiner dated 1/7/08, the patient was distressed by the fact that various therapeutic modalities that have been proposed by his practitioners were repeatedly declined. There were no objective findings noted. Diagnostic impression: bilateral tarsal tunnel syndrome and lumbar herniated nucleus pulposus. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/20/14 modified the requests for Exalgo and Hydromorphone. Exalgo was modified from a quantity of 30 tablets to 15 tablets for weaning purposes. Guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. Furthermore, this request is recommended for short-term use. Hydromorphone was modified from a quantity of 60 tablets to 15 tablets for weaning purposes. There was no documentation of a maintained increase in function or decrease in pain with the use of this medication. Furthermore, this request is recommended for short-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo tab 16 mg #30 with 30 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page(s) 78-81 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. There were no physician progress notes provided for review. However in a 1/7/08 progress note from an Agreed Medical Examiner, the physician noted that it was necessary for the applicant to be admitted for detoxification not long ago. It is unclear why Exalgo is being requested with a statement that the patient should have been off them since 2008. In addition, there is no documentation of significant pain reduction or improved activities of daily living. There is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, this is a request for 30 refills for an opioid medication, which is over a 2 year supply, and is beyond excessive. Therefore, the request for Exalgo tab 16 mg #30 with 30 refills was not medically necessary.

Hydromorphon tablets 4 mg #30 with 60 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page(s) 78-81 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. There were no physician progress notes provided for review. However in a 1/7/08 progress note from an Agreed Medical Examiner, the physician noted that it was necessary for the applicant to be admitted for detoxification not long ago. It is unclear why Exalgo is being requested with a statement that the patient should have been off them since 2008. In addition, there is no documentation of significant pain reduction or improved activities of daily living. There is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, this is a request for 60 refills for an opioid medication, which is over a 5 year supply, and is beyond excessive. Therefore, the request for Hydromorphone tablets 4 mg #30 with 60 refills was not medically necessary.