

Case Number:	CM14-0052055		
Date Assigned:	07/07/2014	Date of Injury:	02/07/2001
Decision Date:	09/16/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 56-year-old with a date of injury of 2/7/01. The mechanism of injury was not noted. On 3/24/14, he reported pain in both knees and distally with tingling and fatigue in the leg. He is reported to be on Exalgo, Dilaudid, and Actiq, which provide adequate analgesia without intolerable adverse effects. He complained also of depression and insomnia. Objective findings in the bilateral lower extremities include coolness to touch in the medial bilateral knee and calves, and warm moist skin with some diffuse erythema of the right lower extremity. The diagnostic impression is CRPS of the lower limbs, (right more than left), lumbosacral radiculitis, knee pain, and sleep disorder. Treatment to date: surgeries, aquatic therapy, spinal cord stimulator, physical therapy, medication management, psychologist visits. A UR decision dated 4/1/14 modified the request for Exalgo 12mg #30 to Exalgo 12mg #14. Proceeding with the continued use of opioid medication does not appear medically warranted at this time. He is utilizing opioid medications above the recommended 120mg MED (morphine equivalent dose) level. He is currently prescribed a combined total of 176 MED which is not congruent with guideline recommendations. Guidelines generally do not support long-term treatment of chronic nonmalignant pain with opioids. If prescribed long-term, periodic evaluation must demonstrate ongoing effectiveness in controlling pain, improving function and quality of life, no intolerable side effects, and no aberrant drug taking behavior. Although, the patient reports adequate analgesia with the use of medication, the provider has failed to provide the required tracking of pain assessment to support the continued medical necessity of the medication. A prior UR review had provided recommendations for initiation of weaning Exalgo.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Exalgo 12mg #30: Upheld

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

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

Decision rationale: The MTUS Chronic Pain 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. However, the records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. It was not noted if there was a CURES Report done or an opiate pain contract signed. In addition, the patient is on Dilaudid 4mg, 8 tablets per day, Exalgo 12mg /day, and Actiq 800mcg twice a day as needed, which equates to an MED of 176, not including the Actiq 800mcg twice a day as needed. The MED of oral Actiq 1600mcg is unknown at this time. Guidelines recommend a ceiling of 200 MED on a daily basis, and with the MED of 176, not including the Actiq, this patient is very close if not exceeding the guideline recommendations of MED 200. The UR decision also modified the Exalgo 12mg #30 to Exalgo 12mg #14 to allow for a weaning process. It was also noted that another previous UR recommended a weaning of the Exalgo. Therefore, the request for Exalgo 12mg #30 is not medically necessary.