

Case Number:	CM14-0058796		
Date Assigned:	07/09/2014	Date of Injury:	06/26/2010
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/29/2014

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:

Patient is a 34 year-old male with date of injury 06/26/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/18/2013, lists subjective complaints as pain in the neck that radiates to the bilateral shoulders. Objective findings: Examination of the cervical spine revealed tenderness to palpation with spasm over the upper cervical paraspinal muscles. Range of motion was reduced in all planes. Sensory examination revealed patient was grossly intact in all dermatomes as to pain, temperature, light touch, vibration and two-point discrimination. Diagnosis: 1. Status-post Botox injection to the cervical spine; 2. Status post lumbar steroid injection; 3. Cervical spine strain; 4. Cervical radiculitis; 5. Lumbar spine strain/sprain; 6. Lower extremity radiculopathy; 7. Depression; 8. Sacroiliac arthropathy. Patient underwent an MRI of the cervical which was positive for central canal stenosis at C3-C7, disc bulge at C3-C4 with right neural foraminal stenosis, and disc bulge at C6-C7. There was insufficient documentation provided for review to determine whether or not the patient had been taking the following medications farther back than his request for authorization dated 10/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG 1 PO Q 4-6H #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. In addition, the morphine equivalent dose of narcotic recommended by the MTUS is no more than 120 mg/day. This patient is taking a morphine equivalent dose of 156 mg/day. Therefore, the request for Norco 10/325mg 1 PO Q 4-6H #120 is not medically necessary and appropriate.

EXALGO 12 MG 1 PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: Exalgo is an opioid agonist indicated in opioid-tolerant patients for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. As stated above, the Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. In addition, the morphine equivalent dose of narcotic recommended by the MTUS is no more than 120 mg/day. This patient is taking a morphine equivalent dose of 156 mg/day. Therefore, the request for Exalgo 12mg 1 PO BID #60 is not medically necessary and appropriate.