

<b>Case Number:</b>	CM14-0064846		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 62-year-old female with a 11/1/05 date of injury. At the time (4/3/14) of request for authorization for Exalgo 12mg qty:30.00 and Norco 10mg qty:240.00, there is documentation of subjective (hand pain with intensity of 8/10 without medications) and objective (both hands flexed at the metacarpophalangeal joint, with subluxation and are extremely cold to touch) findings, current diagnoses (reflex sympathetic dystrophy/complex regional pain syndrome and carpometacarpal joint arthropathy), and treatment to date (medications (including Exalgo and Norco since at least 10/29/13), aquatic therapy, physical therapy, and sympathetic injection). Medical reports identify pain relief and functional benefit with Norco and Exalgo use. In addition, medical reports identify an opioid treatment assessment. Regarding Exalgo, there is no documentation of moderate to severe pain in opioid-tolerant patient requiring continuous, around-the-clock opioid analgesia for an extended period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo 12mg qty:30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Exalgo (hydromorphone).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS - Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of moderate to severe pain in opioid-tolerant patients requiring continuous, around-the-clock opioid analgesia for an extended period of time, as criteria necessary to support the medical necessity of Exalgo. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy/complex regional pain syndrome and carpometacarpal joint arthropathy. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is documentation of ongoing treatment with Exalgo with pain relief and functional benefit as a result of Exalgo use to date. However, there is no documentation of moderate to severe pain in opioid-tolerant patient requiring continuous, around-the-clock opioid analgesia for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for Exalgo 12mg qty:30.00 is not medically necessary.

**Norco 10mg qty:240.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS - Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy/complex regional pain syndrome and carpometacarpal joint arthropathy. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed;

and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Norco with pain relief and functional benefit, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10mg qty:240.00 is medically necessary.