

<b>Case Number:</b>	CM14-0074665		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 52 year old female who was injured on 11/19/2001. The diagnoses are lumbar radiculopathy, right hip bursitis, right lower extremity pain and left carpal tunnel syndrome. There are associated diagnoses of anxiety and depression. The past surgery history is significant for multiple right lower extremity surgeries and L4-L5 laminectomy fusion. A 2011 MRI of the lumbar spine showed multilevel facet arthropathy, multilevel neural foraminal stenosis and L4-L5 laminectomy fusion changes. The EMG/NCS showed severe bilateral L4-L5 radiculopathy. The UDS was consistent on 4/9/2014. On 5/7/2014, [REDACTED] noted subjective complaint of 2/10 pain score with medications and 7/10 without medication on a scale of 0 to 10. There was significant pain relief following caudal epidural steroid injections. The patient reported increase in ADL (activities of daily living) and function with the use of prescribed medications. The medications are Neurontin, oxycodone and Exalgo for pain, Flexeril for muscle spasm, paroxetine for depression and Colace for the prevention and treatment of constipation. A Utilization Review determination was rendered on 6/16/2014 recommending modified certification for oxycodone 10mg #150 to #75 and Exalgo ER 12mg #30 to #15 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**150 tablets of Oxycodone 10mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.42.2 Page(s): 42-43, 74-96, 124.

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids can be utilized for short term treatment of severe acute pain and periods of exacerbations of severe chronic pain that is non responsive to standard NSAID, PT and exercise. Opioids can also be used for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain procedures, behavioral modifications and psychiatric treatments. The records indicate that the patient has exhausted all non opioid treatment modalities without lasting pain relief. The records have provided the required documentation for efficacy such as pain scores and ADL / functional restoration. The UDS is consistent. There are no aberrant behaviors or adverse side effects reported. The criteria for the utilization of oxycodone 10mg #150 have been met. Therefore, the request is medically necessary.

**30 tablets of Exalgo Extended-Release 12mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.42.2 Page(s): 42-43, 74-80, 124.

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids can be utilized for short term treatment of severe acute pain and periods of exacerbations of severe chronic pain that is non responsive to standard NSAID, PT and exercise. Opioids can also be used for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain procedures, behavioral modifications and psychiatric treatments. The records indicate that the patient has exhausted all non opioid treatment modalities without lasting pain relief. The records have provided the required documentation for efficacy such as pain scores and ADL / functional restoration. The UDS is consistent. There are no aberrant behaviors or severe adverse side effects reported. The criteria for the utilization of Exalgo ER 12mg #30 have been met. Therefore, the request is medically necessary.