

Case Number:	CM14-0075082		
Date Assigned:	07/16/2014	Date of Injury:	08/31/2001
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation 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:

The patient is a 66 year old female who was injured on 08/31/2001. Prior medication history included Hydrocodone/APAP, Exalgo ER, Ambien Cr, Aspirin, Atenolol, Glyburide, Iron, Lasix, Lipitor, Plavix, Potassium Chloride, Prozac, and Abilify. Visit note dated 04/23/2014 states the patient complained of severe back pain. She reported that she is experiencing nausea with the increase of Exalgo from 8 mg to 12 mg twice a day. She reported she had nausea with 8 mg as well and when the nausea became intolerable, she began having bouts of vomiting. She had Fentanyl in the past but did tolerate well and it is noted that she has never been tried on methadone. Diagnoses are lumbar spinal stenosis, acquired spondylolisthesis, lumbago, and recurring depression psychosis. The patient was given methadone HCL 5 mg and Hydrocodone BIT/APAP 10/325 mg #30. Her Exalgo ER 12 mg was discontinued because of the nausea. Prior utilization review dated 04/23/2014 states the request for Exalgo 8mg is certified but has been modified to Exalgo 12 mg x one month supply to provide documented ongoing medical efficacy, an updated and signed pain contract, and attempt at weaning/tapering off medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 75-94; 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hydromorphone.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for chronic neck pain or neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like Nortriptyline, SNRI anti-depressants like Duloxetine, or anticonvulsants like Gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. The medical record does not document functional improvement with Exalgo and the emphasis should be placed on using adjuvant analgesic to help weaning of Opioid. In fact, Exalgo was stopped due to nausea and vomiting. Therefore, the medical necessity of Exalgo has not been established.