

Case Number:	CM14-0099057		
Date Assigned:	07/28/2014	Date of Injury:	01/13/2009
Decision Date:	09/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 and Pain Medicine and is licensed to practice in 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 injured worker is a 59-year-old male who reported an injury on 01/13/2009, due to an unknown mechanism. Diagnoses were arthrodesis of the L5-S1, laminectomies or foraminotomies of the left L3, bilateral L4 and bilateral L5. Past treatments were not reported. Diagnostics were MRI of the lumbar spine, MRI of the thoracic spine. MRI revealed multilevel inferior endplate Schmorl's nodes at T5, T6, T7 and T8. The lumbar spine revealed bulging disc at the L4-5, L5-S1 and spondylolisthesis at the L5-S1. Surgical history was lumbar fusion 04/2010. The injured worker had a physical examination on 06/03/2014 that revealed chronic back pain. The pain was rated at a 7/10. The lowest the pain score was 5/10. It was stated that objective findings were unchanged. Physical examination note 03/11/2014 revealed objective findings of tenderness in the right lower paralumbar muscles on palpatory examination. Lumbar spine range of motion was markedly limited in both flexion and extension. Deep tendon reflexes were equal and symmetric in the bilateral lower extremities. Medications were Norco 10/325 mg 5 a day, Colace 250 mg 1 twice a day, Exalgo 16 mg 1 daily, Lactulose 15 to 30 mL as needed. Treatment plan was to continue medications as directed. Also, to get a urine drug screen and lab work. The rationale was not submitted. The Request for Authorization was submitted for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 16mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management, Opioids Page(s): 60, page 78, page 86., Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Exalgo.

Decision rationale: The request for Exalgo 16 mg quantity 30 is not medically necessary. The Official Disability Guidelines state the Exalgo (Hydromorphone) is a once a day extended release opioid formulation for the management of moderate to severe pain in opioid tolerant patients requiring continuous, around the clock opioid analgesia for an extended period of time, with an FDA black box warning and is not recommended as a first line drug. Also, the California Medical Treatment Utilization Schedule states there should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The efficacy for this medication was not reported. Past treatment modalities were not reported. Also, the request provided did not indicate a frequency for the medication. Therefore, the request is not medically necessary.