

Case Number:	CM13-0029450		
Date Assigned:	11/01/2013	Date of Injury:	10/24/2003
Decision Date:	02/28/2015	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 55 year old female who sustained a work related injury on October 24, 2003. The mechanism of injury was not provided. The most current physicians report dated August 9, 2013 notes that the injured workers pain level had decreased since the prior visit. The prior physicians report does not note a pain level. She also report experiencing pain in her hands which started two weeks prior. The injured workers quality of life and activity level had remained the same since the last examination. Quality of sleep was noted to be fair. Current medications included Exalgo ER and Norco. Examination of the lumbar spine revealed restricted range of motion with flexion and extension due to pain. Tenderness to palpation was noted over the paravertebral muscles. Tenderness and a tight muscle band was also noted on the right side. Straight leg raise was positive on the right side with sitting and standing. A FABER test, pelvic compression test and Gaenslen's test were noted to be positive. Examination of the right knee showed restricted range of motion with extension, limited by pain. Tenderness to palpation was noted over the hamstrings. Sensory examination revealed a decreased sensation to light touch over the medial foot on the right side. The treating physician noted that the injured worker experienced a benefit from her medications with improved capability for activities of daily living. Diagnoses include knee pain, pain in joint lower leg and radiculopathy. Work status is permanent and stationary. The treating physician requested an increase in the medication Exalgo ER to 16 mg # 30 due to the injured workers recently increased pain in her hands. Utilization Review evaluated and modified the requested on September 16, 2013 based on the MTUS,

Chronic Pain Medical Treatment Guideline recommendations for opioid dosage. The dosage escalation would place the total opioid dose above the morphine equivalent daily dosage in the treatment of chronic pain recommended by the guidelines. Therefore, the request is modified to Exalgo ER 12 mg# 30 to be within the guidelines recommended dose.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXALGO ER 16MG TABLET #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96. Decision based on Non-MTUS Citation Opioids

Decision rationale: Per MTUS, Dilaudid (Exalgo) is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and they are often used for intermittent or breakthrough pain. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120 oral morphine equivalent per day cumulatively for all different opioids used. The patient has also been prescribed another opioid medication, Norco 10/325, 1-2 tablets every 4-6 hours for a maximum of 7 tablets per day. Based on the progress notes, the morphine equivalent per day dose appears to be far in excess of MTUS recommended guidelines. As such, the question for EXALGO ER 16MG TABLET #30 is not medically necessary.