

Case Number:	CM13-0044881		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2003
Decision Date:	12/10/2015	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year-old male with a date of injury of 09/12/2003. The listed diagnoses per [REDACTED] are: 1) Lumbar severe lumbar radiculopathy; 2) Chronic pain syndrome; 3) Prescription narcotic dependence; 4) Post laminectomy syndrome, status post lumbar disc replacement 2005 and lumbar laminectomy in 2008. According to report dated 09/14/2013 by [REDACTED], the patient complains of severe low back pain radiating into the legs. He states the pain is 'shooting and shocking' down the legs and throbbing and aching in his back. The patient states that "Lyrica, when he has it, helps him a lot with the shooting pain." The patient notes he has gone two days without any of his narcotic medications as they have not been approved in a timely manner. Pain is 9/10 at exam, 8/10 on average, and 10/10 without medications. Treater is requesting refills for Exalgo #90 for severe pain, Actiq 600 mcg for breakthrough pain, Toradol 60mg for severe acute pain, Zeel/traumeel for acute pain, Lyrica for neuropathic pain, Flexeril for spasms, Ativan for spasms and anxiety. Treater also requests MS Contin 100mg #20 and morphine sulfate #30 and states these two medications are prescribed simply so "he will not go into withdrawal symptoms."

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 12mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: This patient complains of severe low back pain radiating into the legs. The treater is requesting a refill of Exalgo. The treater reports that a combination of Exalgo and Actiq Fentanyl lollipops is what works best for this patient. Utilization review dated 10/02/2013 denied the request stating Actiq has been authorized, therefore, a second opiate is not certified. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Review of reports show this patient has been taking Exalgo since 01/05/2013 and reports from 02/13/2013 to 09/14/2013 do not discuss the efficacy of this mediation. In this case, although the treater does note a decrease of pain on the numerical scale with medications, there is no discussion on any specific functional improvement from taking Exalgo. MTUS requires not only analgesia but documentation of specific ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.