

<b>Case Number:</b>	CM14-0121529		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 11/18/09. She was seen by her primary treating physician on 6/2/14 complaining of 6/10 lumbar axial pain. Her exam showed tenderness and palpable spasm over the lumbar facet joints and L1-5 paraspinal muscles. Straight leg raise was positive bilaterally with a normal sensory exam. Her diagnoses included lumbosacral radiculopathy and pain and depressive disorder. At issue in this review is the request for refills of pain medications: Exalgo (Hydromorphone) and Hydrocodone/Acetaminophen. The length of prior prescription is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325 mg. #90 Refill 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The

MD visit of 6/2/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of hydrocodone/acetaminophen is not substantiated in the records.

**Exalgo 12 mg. #60 Refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Specific Drug List Page(s): 93, 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Exalgo (Hydromorphone)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 6/2/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Exalgo is not substantiated in the records.