

Case Number:	CM14-0195818		
Date Assigned:	12/03/2014	Date of Injury:	04/12/2003
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 64-year-old man who sustained a work related injury on April 12, 2003. Subsequently, he developed chronic neck, left shoulder, wrist, and hand pain. Prior treatments included: physical therapy, injections, medications (Fentora, Lyrica, docusate sodium, and Exalgo), TENS (no much help), and exploratory surgery. On a progress note dated August 8, 2014, the patient reported that he was motivated to slowly wean down on his medications since his spinal cord stimulator was working appropriately. A progress report dated September 5, 2014 documented that the patient did well with the weaning down of medications and that the patient agreed for a further wean after he gets back from his vacation (after October 14, 2014). According to the progress report dated October 17, 2014, the patient reported increase in pain due to a big drop in Fentora. He was concerned of being unable to taper much further. The patient rated his left upper extremity pain at 6-7/10. He noted that the pain has been rising steadily in his left arm. He had episodes of breakthrough pain. Pain was chronic, persistent, worsened with activities. The pain was associated with weakness in bilateral hands especially grip strength and numbness. The patient also complained of wrist pain. Last UDS was ordered on September 5, 2014 and was positively appropriate. Physical examination revealed: the patient held his left upper extremity in guarded position. He appeared in distress due to pain. Cranial nerves II-XII appeared grossly intact. The patient was diagnosed with opiate induced hypogonadism, cervicgia, cervical spondylosis, pain in joint involving hand, constipation, depression secondary to pain, tenosynovitis elbow, lesion of ulnar nerve, and chronic pain syndrome. The provider requested authorization for Exalgo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo Tab 32mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 78 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: Exalgo is Hydromorphone extended release. According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Based on the records, the patient has used opiates for a long time with no significant improvement. There is no significant improvement of function and pain with continuous use of opioids. In addition, the patient developed side effects due to long time use of opiates (constipation and low testosterone). Therefore, the prescription of Exalgo 32mg #60 is not medically necessary.