

<b>Case Number:</b>	CM14-0196821		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/21/1983
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 58 year old male with an injury date of 11/21/83. The patient complains of neck pain, left leg pain, and is status post 5 cervical laminectomies/fusions and knee problems related to original injury. His left leg pain "has really given out" and he is using cryotherapy to treat it per 9/23/14 report. His condition has deteriorated due to denial of medication per 9/17/14 report. The combination of Exalgo and Subsys has controlled his pain by possibly 40-50% per 9/17/14 report. As the reports dated from 4/30/14 to 11/12/14 do not contain a diagnosis, the 4/28/14 AME was consulted for the following diagnoses: cervical spine sprain/strain, status post 5 surgeries with 3-level fusion from C3 to C6, work related, associated with industrial injury of 11/21/83; cervical radiculopathy associated with above diagnosis; chronic pain associated with above diagnosis; and sleep apnea deemed industrial per the reporting of [REDACTED]. Most recent physical exam on 4/28/14 showed "reduced range of motion of C-spine." The patient's treatment history includes medications, multiple cervical surgeries, and epidural steroid injections. The treating physician is requesting Exalgo 16mg 3 tabs daily #90, and Subsys 1600 mcg, 1 dose Q 4 hours PRN (when necessary) #160. The utilization review determination being challenged is dated 11/21/83. The requesting physician provided treatment reports from 12/4/13 to 11/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo 16mg 3 tabs daily #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with neck pain, left leg pain, bilateral knee pain. The provider has asked for Exalgo 16mg 3 tabs daily #90 on 9/29/14. The patient has been taking Exalgo since 12/4/13 report. The provider is trying to titrate him down on the Exalgo, and he is down to 16mg twice a day per 12/4/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider indicates a decrease in pain with current medications which include Exalgo, stating "the combination of Exalgo and Subsys has controlled his pain" per 9/17/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

**Subsys 1600mcg, 1 dose Q 4 hours PRN #160:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Subsys

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with neck pain, left leg pain, bilateral one pain. The provider has asked for Subsys 1600mcg, 1 dose q 4 hours PRN (when necessary) #160 on 9/29/14. The patient has been taking Subsys since 12/4/13 report. The provider is trying to rotate him on Dilaudid and off to Subsys because of the cost, although Subsys helps him the most. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider indicates a decrease in pain with current medications which include Subsys, stating "The combination of Exalgo and Subsys has controlled his pain" per 9/17/14 report. But there is no discussion of this

medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.