

Case Number:	CM15-0100697		
Date Assigned:	06/03/2015	Date of Injury:	06/22/2010
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male sustained an industrial injury to the neck, back and shoulder when he was in a multi-car accident going between work sites on 6/22/10. Previous treatment included magnetic resonance imaging, lumbar laminectomy times two, sacroiliac joint injections, Hysingla injections, spinal cord stimulator trial, cognitive behavioral therapy and medications. In a pain management consultation dated 5/7/15, the injured worker reported that recent adjustments to his spinal cord stimulator had helped a bit but that he was only getting a 20% reduction of pain. The injured worker reported still having a lot of pain due to denial of his medications. The injured worker reported increasing alcohol intake to decrease pain. The injured worker reported that the pain was so bad that he tried to take his own life but stopped himself. The injured worker sought treatment with psychiatry immediately after the episode. Past medical history was significant for hypertension. Current diagnoses included post laminectomy syndrome, chronic pain, lumbar spine radiculopathy, high risk for inappropriate use of medications, status post spinal cord stimulator implant. The physician noted that now short acting medications or Ambien could be given. The physician noted that due to intense, severe pain with history of a failed spinal cord stimulator, there was a need to manage pain without risk of overdose. The treatment plan included continuing Pamelor and Cymbalta, a prescription for Exalgo and a pain pump trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Pump Trial, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS/ intrathecal drug delivery system & spinal cord stimulators Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs), p52-54 Page(s): 52-54.

Decision rationale: The claimant sustained a work-related injury in June 2010 and continues to be treated for chronic pain. He has a diagnosis of post-laminectomy syndrome and uses a spinal cord stimulator with 20% improvement. When seen, poor pain control was attributed to being unable to obtain medications. There was a slow, unsteady gait with limited spinal range of motion and right lower extremity weakness with decreased sensation. Exalgo was prescribed at a total MED (morphine equivalent dose) of less than 100 mg per day. An implantable drug delivery system is recommended only as an end-stage treatment alternative for selected patients. Criteria include when there is failure of strong opioids or other analgesics in adequate doses with fixed schedule (not PRN) dosing have failed to relieve pain or there are intolerable side effects to systemic opioids or other analgesics. In this case, poor pain control appears related to being unable to obtain medications which are also being requested. Therefore, the requested intrathecal trial is not medically necessary.

Exalgo 12 mg Qty 14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid); Opioids; Intrathecal medications Page(s): 51, 93; 74-75; 54-55. Decision based on Non-MTUS Citation Official Disability Guidelines: Integrated treatment/ Disability Duration Guidelines: Pain (chronic) - Exalgo (hydromorphone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in June 2010 and continues to be treated for chronic pain. He has a diagnosis of post-laminectomy syndrome and uses a spinal cord stimulator with 20% improvement. When seen, poor pain control was attributed to being unable to obtain medications. There was a slow, unsteady gait with limited spinal range of motion and right lower extremity weakness with decreased sensation. Exalgo was prescribed at a total MED (morphine equivalent dose) of less than 100 mg per day. Exalgo is a sustained release formulation and would be used to treat baseline pain which is present in this case. It is being requested as part of the claimant's ongoing management. There are no identified issues of abuse or addiction when taking other opioid medications and poor pain control appears related to being unable to obtain medications. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Exalgo was medically necessary.