MAXIMUS Federal Services

Case Number:	CM15-0103551		
Date Assigned:	06/08/2015	Date of Injury:	11/19/2003
Decision Date:	07/07/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/29/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 71 year old male, who sustained an industrial injury on 11/19/03. He reported pain in his lower back. The injured worker was diagnosed as having chronic low back pain, lumbar post laminectomy syndrome and lumbar radiculopathy. Treatment to date has included a cane for ambulation. Current medications include Exalgo and Opana (since at least 12/3/14), Cymbalta, Lyrica, Prilosec and Senokot. As of the letter of appear and PR2 dated 4/23/15, the injured worker reports low back pain that radiates to the lower legs, worse on the left. He has numbness in both legs and cannot tolerate prolonged periods of standing or walking due to pain. He rates his pain currently 7-8/10, but the Exalgo and Opana reduce his pain by 80%. Objective findings include moderate tenderness over the lumbar paraspinals, left greater than right, strength testing limited due to pain and decreased sensation to light touch throughout both legs. The treating physician noted that the injured worker has underlying Alzheimer's. The treating physician requested Exalgo 12mg #30 and Opana IR 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Exalgo 12mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Exalgo is extended release hydromorphone, an opioid for severe pain. Patient has chronically been on opioid pain medications. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to support continued opioid therapy. Patient has chronically been on hydromorphone and Oxymorphone. Provider claims that patient takes exalgo once a day and that it decreases pain by "80%". Progress notes documents that patient was complaining of 7-8/10 pain on visit which is not consistent with claim of "80%" improvement. There is no documentation of length of pain relief, what baseline pain is on VAS or any details concerning pain relief. The use of Opana for breakthrough also contradicts claim of "80% improvement" in pain. Patient cannot have "80% pain reduction" and still require an opioid for additional pain relief. Multiple comorbidities especially depression and dementia adds to significant risk for continued opioid therapy. Patient's objective functional status appears properly documented but is also contradicted by wife's claim that patient often refuses to get out of bed and poor functional status. Long term plan for pain control or weaning is not documented. Inconsistent and contradictory documentation, lack of appropriate long-term plan and high risk does not support continued Exalgo. Exalgo is not medically necessary.

1 Prescription of Opana IR 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Opana is Oxymorphone, an opioid for severe pain. Patient has chronically been on opioid pain medications. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to support continued opioid therapy. Patient has chronically been on hydromorphone and Oxymorphone. Provider claims that patient takes Exalgo once a day and that it decreases pain by "80%". Progress notes documents that patient was complaining of 7- 8/10 pain on visit which is not consistent with claim of "80%" improvement. There is no documentation of length of pain relief, what baseline pain is on VAS or any details concerning pain relief. The use of Opana for breakthrough also contradicts claim of "80% improvement" in pain. Patient cannot have "80% pain reduction" and still require an opioid for additional pain relief. Multiple comorbidities especially depression and dementia adds to significant risk for continued opioid therapy. Patient's objective functional status appears properly documented but is also contradicted by wife's claim that patient often refuses to get out of bed and baseline poor function. Long-term plan for pain control or weaning is not documented. Inconsistent and contradictory documentation, lack of appropriate long-term plan and high risk does not support continued Opana. Opana is not medically necessary.