

Case Number:	CM15-0105757		
Date Assigned:	06/10/2015	Date of Injury:	12/15/2001
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 was a 51 year old female, who sustained an industrial injury, December 15, 2001. The injured worker previously received the following treatments Norco, Dilaudid, Exalgo (extended release Hydromorphone), Soma, Ambien, Xanax, Zoloft, Maxalt, lumbar fusion at L4-L5 with instrumentation and hardware removal at L5-S1 on February 20, 2014, transforaminal epidural steroid injection at left L3-L4 with minimal relief from pain and lumbar spine MRI. The injured worker was diagnosed with failed back syndrome, lumbar back pain with radiculopathy, status post fusion of L4 to the sacrum, status post disc replacement at L4-L5 now fused, rule out pseudoarthritis at L4-L5, stenosis with large protrusion at L2-L3 in the phase desiccation at L23-L3 and L3-L4, status post removal of hardware at L5-S1 with re-exploration of the fusion at L4-L5 in February 2014 and annular tear at L2-L3 and L3-L4. According to progress note of April 24, 2015, the injured workers chief complaint was chronic severe low back, bilateral hip, and knee and foot pain. The injured worker rated the pain 10 out of 10 without pain mediation and 2 out of 10 with pain medication. The pain level at this visit was 5 out of 10. The pain mediation allowed the injured worker to increase mobility and tolerance for actives of daily living and home exercise. The injured worker denied side effects from current mediations. The physical exam noted tenderness with palpation to the lumbosacral region. There was tenderness with palpation of the paraspinal muscles. The forward flexion was 40 degrees, the hyperextension was 0, right lateral bend was 0 and left lateral bend was 0. There was sciatic notch tenderness bilaterally. The straight leg raises were positive bilaterally. There was decreased sensation with pinprick at the right L4 and right L5 and decreased sensation at the left

L4. There was decreased sensation with light touch to the bilateral lower extremities. The treatment plan included prescriptions for Dilaudid and Exalgo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid Page(s): 75-82.

Decision rationale: According to the guidelines, Dilaudid is a short acting opioid. This class of medication is not indicated for mechanical or compressive etiologies. Long-term use is not recommended and lacks clinical evidence. In addition, the claimant had been on Dilaudid along with Norco in doses exceeding the 120 mg of Morphine equivalent recommended per day. The request for Dilaudid use with Exalgo (long-acting Dilaudud) also exceed the morphine dose equivalent. The claimant had been on the medications for several months without mention of failed weaning or Tricyclic failure. Continued and chronic use for Dilaudid is not medically necessary.

Exalgo 12 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid /hydromorphone Page(s): 75-92.

Decision rationale: According to the guidelines, Exalgo is long-acting Hydromorphone. This class of medication is not indicated for mechanical or compressive etiologies. Long-term use is not recommended and lacks clinical evidence. In addition, the claimant had been on Dilaudid along with Norco in doses exceeding the 120 mg of Morphine equivalent recommended per day. The request for Dilaudid use with Exalgo (long-acting Dilaudud) also exceeds the morphine dose equivalent. The claimant had been on the medications for several months without mention of failed weaning or Tricyclic failure. The request for Exalgo is not medically necessary.