

Case Number:	CM15-0168885		
Date Assigned:	09/09/2015	Date of Injury:	12/15/2001
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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 52 year old female sustained an industrial injury to the low back on 12-15-01. Previous treatment included lumbar fusion at L4-5, hardware removal, L4-5 fusion extension, epidural steroid injections, psychiatric care and decompression (2-20-14) and medications. Magnetic resonance imaging lumbar spine (12-11-14) showed lumbar discogenic disease at L1-L4 with an increased in right broad based disc bulge and moderate facet osteophytes resulting in moderate canal stenosis. In a PR-2 dated 4-14-15, the injured worker complained of ongoing low back, bilateral hip and bilateral lower extremity pain that was only partially relieved with her current diagnoses included medications. The injured worker rated her pain 10 out of 10 on the visual analog scale without medications and 2 out of 10 with medications. The treatment plan included renewing medications (Exalgo, Dilaudid and Norco). The injured worker was advised to taper DEA scheduled medications as much as possible and to use the lowest effective dose to maintain function. In a progress noted dated 7-1-15, the injured worker complained of ongoing severe low back, bilateral hip, knee and foot pain, rated 10 out of 10 without medications and 2 out of 10 with medications. The physician stated that the injured worker was limited to 5 to 10 minute trips due to severe pain and disability. The injured worker had tried and failed multiple XR and short acting opiates as wells as multiple muscle relaxants (Zanaflex, Lorzone, Flexeril, Baclofen and Robaxin). The injured worker reported that since her last surgery in 2014, opiates reduced her pain by approximately 40%. Physical exam was remarkable for lumbar spine with tenderness to palpation, limited range of motion, positive bilateral straight leg raise and decreased lower extremity deep tendon reflexes bilaterally. Current diagnoses included lumbar

radiculopathy, lumbar post laminectomy syndrome, lumbar spine stenosis and lumbar disc displacement without myelopathy. The treatment plan included renewing medications (Norco, Dilaudid and Exalgo). Utilization Review noncertified a request for Dilaudid and Exalgo noting lack of documentation of CURES and UDS reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury in December 2001 and is being treated for chronic low back, bilateral hip, and bilateral lower extremity pain with a history of a lumbar fusion and hardware removal. Medications are referenced as decreasing pain from 10/10 to 2/10 and allowing for increased mobility, activities of daily living, and exercise tolerance. When seen, there was a normal BMI. There was lumbar paraspinal muscle tenderness. There was significantly decreased lumbar range of motion. There was an antalgic gait with decreased lower extremity strength. Straight leg raising was positive bilaterally and there was bilateral sciatic notch tenderness. Dilaudid and Exalgo were prescribed at a total MED (morphine equivalent dose) of over 200 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not medically necessary.

Exalgo 12mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury in December 2001 and is being treated for chronic low back, bilateral hip, and bilateral lower extremity pain with a history of a lumbar fusion and hardware removal. Medications are referenced as decreasing pain from 10/10 to 2/10 and allowing for increased mobility, activities of daily living, and exercise tolerance. When seen, there was a normal BMI. There was lumbar paraspinal muscle tenderness. There was significantly decreased lumbar range of motion. There was an antalgic gait with decreased lower extremity strength. Straight leg raising was positive bilaterally and there was

bilateral sciatic notch tenderness. Dilaudid and Exalgo were prescribed at a total MED (morphine equivalent dose) of over 200 mg per day. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Exalgo is not a first line medication. Ongoing prescribing is not medically necessary.