

<b>Case Number:</b>	CM15-0169682		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/09/2007
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 is a 47 year old male who sustained an industrial injury on 02-09-2007. According to a progress report dated 08-04-2015, he was seen regarding low back and left leg pain. Pain was well controlled with his current medications. He was taking Exalgo for chronic pain and Norco for severe breakthrough pain, Baclofen for muscle spasm, Lyrica for neuropathic leg pain, Ambien for insomnia associated with chronic pain and Ibuprofen for anti-inflammation. He also used Lidoderm patches to relieve soreness over the IPG pocket. Medications allowed him to stay functional and allowed a better quality of life. He was able to work part-time and spend time with family and friends with his pain controlled. He was able to go to the gym and walk more than 20 minutes with the help of medications. He took medications as directed and tolerated them well. He was seen in consultation by a surgeon regarding a spinal cord stimulator. Pain was described as aching and stabbing in the low back and left leg. Pain was better with spinal cord stimulator, changing positions and medications. Pain was rated 10 on a scale of 1-10 without medications and 6 with medications. Impression included chronic pain syndrome, lumbar radiculopathy, numbness, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, low back pain, insomnia and muscle pain. CURES report on 08-04-2015 was consistent. Urine toxicology on 06-09-2015 was consistent with Norco and Exalgo. This report was submitted for review. There were no significant side effects with medications. There was no aberrant behavior. There was a signed opioid contract. Prescriptions were given for Norco and Exalgo. Work status included no lifting over 30 pounds. An authorization request dated 08-06-2015 was submitted for review. The requested services included Norco 10-325 mg #180 and Exalgo 16 mg #60. On 08-15-2015, Utilization Review non-certified Norco 10-325 mg #180 and Exalgo 16 mg #60. Documentation submitted for review shows use of Norco and Exalgo dating back to February 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Overturned

**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 for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year for a prolonged time. The claimant had chronic pain and required a spinal cord stimulator. The use of medications and the stimulator reduced pain by 50%. Due to the severity and intensity of the pain continued use of Norco is appropriate. Therefore, the request is medically necessary.

**Exalgo 16mg #60:** Overturned

**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 for chronic pain, Opioids, specific drug list.

**Decision rationale:** Exalgo is Hydromorphone which is not 1st line for chronic back pain. Hydromorphone is often used intrathecally. In this case, the claimant had chronic pain and required a spinal cord stimulator. The use of medications and the stimulator reduced pain by 50%. Due to the severity and intensity of the pain continued use of Exalgo is appropriate. Therefore, the request is medically necessary.