MAXIMUS Federal Services

Case Number:	CM15-0183078		
Date Assigned:	09/23/2015	Date of Injury:	03/03/2010
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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 50 year old male, who sustained an industrial injury on 3-03-2010. The injured worker is being treated for degenerative cervical intervertebral disc, cervicalgia, brachial neuritis-radiculitis, and cervical spondylosis without myelopathy, lumbago, thoracic-lumbosacral neuritis-radiculitis and degenerative lumbosacral intervertebral disc. Treatment to date has included surgical intervention (C5-6 disc replacement, 2010, and spinal fusion, 2012), diagnostics, radiofrequency ablation and medications. Per the Primary Treating Physician's Progress Report dated 8-24-2015, the injured worker presented for follow-up reevaluation. He reported that he has been out of meds for 10 days since missing an appointment. The neck pain continues to be the most bothersome. Low back pain is present but stable. His medications control the pain well when he has them. His average pain since the last visit was rated as 8 out of 10 and functional level as 6 out of 10. Objective findings included left greater than right ongoing neck pain and occiput tenderness. He continues with lower back pain with lumbar spondylosis. Per the medical records dated 3-02-2015 to 8-24-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. He is currently working. The plan of care included continuation of medication management. Current medications include Percocet, Exalgo, and Flector patches, Lunesta, Zanaflex and Celexa. Authorization was requested for Exalgo 12mg #30, Percocet 10-325mg #120 and the request for Flector patches #30. On 9-02-2015, Utilization Review modified the request for Exalgo 12mg #30 and Percocet 10-325mg #120, and non-certified the request for Flector patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 refills of Exalgo 12 mg #30 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, differentiation: dependence & addiction, Opioids, specific drug list.

Decision rationale: Exalgo is long-acting hydromorphone. Hydromorphine is typically provided intrathecally for use in pain pumps. In this case, the claimant was on Exalgo in oral form in combination with NSAIDS and Percocet. Pain reduction scores with use of medication were not noted. Failure of other long-acting opioids was no noted. Future need and therapeutic response cannot be determined to allow for 2 additional refills. Continued and chronic use of Exalgo is not medically necessary.

2 refills of Flector patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. There are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. The claimant was not diagnosed with arthritis and the claimant had been on multiple opioids and oral NSAIDS without reduction in use. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flector patch is not medically necessary.

2 refills of Percocet 10/325 mg #120 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Percocet 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 Percocet in combination with Exalgo for several months without documentation of pain score reduction. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.