

<b>Case Number:</b>	CM15-0185657		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	12/18/1989
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 63 year old female, who sustained an industrial-work injury on 12-18-89. She reported initial complaints of pain to right knee, right lower leg, head, right shoulder, back wrists, and hands. The injured worker was diagnosed as having cervicocranial syndrome, lumbago, degenerative lumbosacral intervertebral disc, cervicgia, thoracic-lumbosacral radiculitis, and degenerative cervical intervertebral disc. Treatment to date has included medication, diagnostics, and surgery (left carpal tunnel release on 12-23-03, left knee arthroscopy, meniscectomy and chondroplasty on 12-7-04, and lumbar laminectomy and fusion L4-5 on 3-20-10, right shoulder arthroscopy and decompression, and aborted right C2-6 radiofrequency ablation on 7-20-11). MRI results were reported on 3-29-13 of the right knee that showed post -surgical changes involving the medial meniscus with degenerative fraying and maceration of the remnants of the medial meniscus, osteoarthritic changes, joint effusion, and synovitis. MRI of the lumbar spine note post -surgical changes in the lower lumbar spine at L4-5 with fluid collection, and central canal stenosis. Currently, the injured worker complains of pain in the lumbar area, right leg, neck pain, bilateral arm pain, headache, and right knee pain. Pain is rated 8 out of 10, on average. Per the primary physician's progress report (PR-2) on 9-8-15, exam notes back and leg pain R > L, right leg mildly swollen, limited active range of motion of cervical and lumbar spine with tenderness in cervical paraspinal muscles and occiput tenderness causing headache, positive straight leg raise, ongoing right knee pain and possibly neurogenic edema. The Request for Authorization requested service to include Dilaudid 4 mg QTY 240, Exalgo 16 mg QTY 60, and Zorvolex 18 mg QTY 30. The Utilization Review on 9-18-15

modified Dilaudid 4 mg QTY 120 and Exalgo 16 mg QTY 30 and denied Zorvolex 18 mg QTY 30, per Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Dilaudid 4 mg QTY 240.00:** 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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** The claimant was on Exalgo for several months which contains hydromorphone, similar to Dilaudid. The claimant is currently on Diluadid, Exalgo and Subsys. There is no indication for multiple forms of Hyromorphone and long-acting Fentanyl. These medications are not 1st line for back pain. Pain score reduction trends with medication use was not noted. Long-term use has not been studied. Dilaudid is approved for intrathecal use in CRPS. The claimant does not have CRPS. The continued use of Dilaudid is not medically necessary.

**Exalgo 16 mg QTY 60.00:** 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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Exalgo is hydromorphone, which is the same as Dilaudid. The claimant was on Exalgo for several months with the recent addition of Dilaudid. The claimant is currently on Diluadid, Exalgo and Subsys. There is no indication for multiple forms of Hyromorphone and long-acting Fentanyl. These medications are not 1st line for back pain. Pain score reduction trends with medication use was not noted. Long-term use has not been studied. Hydromorphone is approved for intrathecal use in CRPS. The claimant does not have CRPS. The continued use of Exalgo is not medically necessary.

**Zorvolex 18 mg QTY 30.00:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months without mention of improvement in pain scores or function. It was used in conjunction with 3 opioids. There was no mention of failure of Tricyclic use. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Zorovolex is not medically necessary.