MAXIMUS Federal Services

Case Number:	CM15-0198826		
Date Assigned:	10/14/2015	Date of Injury:	12/15/2001
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 12/15/2001. The injured worker is being treated for cervical radiculopathy, lumbar radiculopathy, lumbar post laminectomy syndrome, lumbar spine stenosis and lumbar disc displacement without myelopathy. Treatment to date has included lumbar fusion, lumbar hardware removal, oral medications including Lorzone, Flexeril, Baclofen, Robaxin, Soma, Exalgo (since at least 4-24-15), Dilaudid (since at least 4-24-15), Norco, Ambien, Xanax, Zoloft and Maxalt; physical therapy, transforaminal epidural steroid injection (provided minimal pain relief), home exercise program and activity modifications. On 8-25-15 and 9-9-15, the injured worker complains of chronic low back, bilateral hip, knee and foot pain; she continued to have failed back syndrome with continued severe lumbar pain and radiculopathy. Since previous visit she notes increased low back, bilateral hip and bilateral lower extremity pain rated 10 out of 10 without medications and 3 out of 10 with medications. Urine drug toxicology was not documented. Physical exam performed on 8-25-15 and 9-9-15 revealed tenderness to palpation of cervical paraspinals, tenderness to palpation of lumbar paraspinals, healing surgical lumbar scar, sciatic notch tenderness and restricted range of motion of lumbar spine. Sensation is also decreased at left C6, C7 and right L4 and L5. Treatment plan on 9-8-15 included continuation of Norco, Exalgo and Dilaudid, proceed with cervical (MRI) magnetic resonance imaging, second opinion psychiatric evaluation and follow up appointment. On 9-15-15 request for Exalgo and Dilaudid was non-certified by utilization review.

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, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2001 injury without acute flare, new injury, or progressive neurological deterioration. The Dilaudid 8mg quantity 120 is not medically necessary and appropriate.

Exalgo 12mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Exalgo (Hydromorphone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in

pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2001 injury without acute flare, new injury, or progressive neurological deterioration. The Exalgo 12mg quantity 60 is not medically necessary and appropriate.