

Case Number:	CM15-0048302		
Date Assigned:	03/20/2015	Date of Injury:	01/22/2007
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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 58 year old female sustained an industrial injury to the head, neck and back on 1/22/07. Previous treatment included magnetic resonance imaging, acupuncture, C6-7 anterior discectomy and fusion, electromyography and medications. The injured worker later developed worsening renal function necessitating ongoing renal dialysis. In the most recent PR-2 submitted for review, dated 11/5/14, the injured worker complained of ongoing bilateral cervical spine radiculopathy with radiation to bilateral arms, bilateral elbow pain, left wrist numbness and tingling and mid and low back pain. Current diagnoses included postoperative dysphagia, diabetes mellitus, diabetic polyneuropathy, renal failure on dialysis, posttraumatic stress disorder, low back pain, sciatica, post-concussion syndrome, headache, lesion of ulnar nerve and lumbar radiculopathy. The treatment plan included spinal cord stimulator trial and continuing medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo ER 12mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in January 2007 and continues to be treated for chronic pain. Treatments have included an anterior cervical decompression and fusion. A spinal cord stimulator is being considered. She has a history of renal failure and is on dialysis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Exalgo (extended release hydromorphone) (hydrocodone/acetaminophen) is a sustained release formulation and would be used to treat baseline pain, which is present in this case. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Exalgo was medically necessary.