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| <b>Case Number:</b>   | CM14-0131046 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 08/04/1989 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 08/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56 year old male with an injury date on 06/04/89. Based on the 09/11/14 progress report provided by [REDACTED] the patient complains lower back pain. The record shows that the patient's lumbar ROM is marked limited. He has severe pain with minimal SLR. "Recent EMG reveals chronic bilateral L5 radiculopathy." There were no other significant findings noted on this report. His diagnoses include the following: 1. Post lumbar laminotomy pain syndrome 2. Major depressive disorder 3. Narcotic dependency 4. Chronic pain syndrome 5. Obstructive sleep apnea 6. Hypertension 7. Coronary artery disease 8. Adult-onset diabetes mellitus 9. Cervical post laminotomy pain syndrome [REDACTED] is requesting for the followings: (1) Exalgo 16 mg #30 and (2) Hydromorphone 4 mg #60. The utilization review denied the request on 08/04/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/04/14 to 09/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo 16mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 60,61,88,89,76-78.

**Decision rationale:** According to the 09/11/14 report by [REDACTED] this patient presents with a chronic lower back pain. The provider is requesting Exalgo 16 mg #30. Exalgo was first mentioned in the 09/11/14 report and it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical reports from 03/04/14 to 09/11/14 provides no discussions regarding how Exalgo has been helpful in terms of decreased pain or functional improvement. The provider does not use any numerical scales to assess patient's pain, function and the 4A's as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy, the patient should be slowly weaned off per MTUS. Therefore, this request is not medically necessary.

**Hydromorphone 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 60,61,88,89,76-78.

**Decision rationale:** According to the 09/11/14 report by [REDACTED] this patient presents with a lower back pain. The provider is requesting Hydromorphone 4mg #60. It is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Reviews of the medical reports from 03/04/14 to 09/11/14 provide no discussions regarding how Hydromorphone has been helpful in terms of decreased pain or functional improvement. The provider does not use any numerical scales to assess patient's pain, function and documentation of the 4A's as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy, the patient should be slowly weaned off per MTUS. Therefore, this request is not medically necessary.