

<b>Case Number:</b>	CM15-0010460		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, Hawaii  
 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 32 year old female with an industrial injury dated 01/27/2011. She presents on 12/23/2014 for follow up. The provider notes the injured worker has been on opiates since her injury and is most stable on current regime. The provider states the injured worker does function with this combination and pain levels become tolerable about 5/10 with meds and intolerable at 10/10 without. The provider documents the injured worker has a med agreement with the provider, normal toxicology screens and CURES. She does have side effects of nausea that is addressed with Phenergan. Prior treatment includes trial of spinal cord stimulator, stellate ganglion blocks, acupuncture, physical therapy and diagnostics. Diagnoses are Complex Regional Pain Syndrome of the right upper limb, adhesive capsulitis, brachial plexus lesion and depression. On 01/05/2015 utilization review issued the following decisions for the requested treatment: Dilaudid 8 mg take one every 6 hours # 120 was partially certified for Dilaudid 8 mg take one every 6 hours # 60 with no refills. Exalgo ER 32 mg take 2 per day # 60 was partially certified to take 2 per day # 30 with no refills MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo ER 32 MG, Take 2 Per Day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation ODG Guidelines, Online Pain Chapter, Exalgo

**Decision rationale:** The patient presents with right shoulder pain. The current request is for Exalgo ER 32 MG, Take 2 Per Day #60. The treating physician states, Medications are working well. Medication side effects felt by the patient include drowsiness. (E.55) The MTUS Guidelines do not specifically mention Exalgo but do cover the generic category that the request falls under which is a hydromorphone opioid. The ODG Guidelines state, Exalgo (hydromorphone) is a once-a-day extended release opioid formulation for the management of moderate to severe pain in opioid-tolerant patients requiring continuous, around-the-clock opioid analgesia for an extended period of time, with an FDA black box warning, and is not recommended as a first line drug. The MTUS Guidelines also require for an opioid that the 4 A's (analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior) are documented. In this case, the treating physician has not provided any documentation of before and after pain scales, there are no examples of functional improvements in ADLs and there is no discussion of side effects or aberrant behaviors. Without the proper documentation, the current request cannot be supported by the guidelines. The current request is not medically necessary and the recommendation is for denial.

**Dilaudid 8 MG, Take 1 Up to Every 6 Hours #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with right shoulder pain. The current request is for Dilaudid 8 MG, Take 1 Up to Every 6 Hours #120. The treating physician states, Medications are working well. Medication side effects felt by the patient include drowsiness. (E.55) For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. In this case, the patient has been prescribed the medication since at least 7/17/14 based on the treating physician report that states it was a current medication. The 4 A's were not completely addressed in the documentation submitted. Without proper documentation, the current request cannot be supported by the guidelines. Recommendation is for denial.

