

Case Number:	CM15-0060646		
Date Assigned:	04/06/2015	Date of Injury:	03/23/2010
Decision Date:	05/18/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 3/23/2010. Diagnoses have included moderate to severe disc collapse L5-S1 with recurrent disc herniation and facet arthropathy, intractable back pain and chronic radiculopathy. Treatment to date has included magnetic resonance imaging (MRI), laminectomy, spinal cord stimulator, lumbar facet blocks and medication. According to the progress report dated 2/10/2015, the injured worker complained of low back pain that radiated into the bilateral lower extremities. Her pain level was rated 8/10, but was reduced to 6/10 with her current medication. Authorization was requested for Exalgo and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo ER 16mg, 1 per day by mouth, quantity: 30: Overturned

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

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 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic low back pain including radicular symptoms. She continues to use a spinal cord stimulator. The treating provider documents pain as decreasing from 10/10 to 6/10 with medication use. Medications being prescribed are Exalgo ER and Norco at an total daily MED (morphine equivalent dose) of 124 mg. 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 ER (extended release hydromorphone) is a sustained release formulation and would be used to treat baseline pain which is present in this case. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and the treating provider documents medications as providing partial pain relief. The total MED is consistent with guideline recommendations. Therefore, the continued prescribing of Exalgo ER was medically necessary.

Norco 10/325mg, 1-2 by mouth every 4 hours as needed (max 6/day), quantity: 180:
Overturned

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

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 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic low back pain including radicular symptoms. She continues to use a spinal cord stimulator. The treating provider documents pain as decreasing from 10/10 to 6/10 with medication use. Medications being prescribed are Exalgo ER and Norco at an total daily MED (morphine equivalent dose) of 124 mg. 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. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and the treating provider documents medications as providing partial pain relief. The total MED is consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.