

<b>Case Number:</b>	CM15-0065949		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Family Practice

### 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 who sustained an industrial injury on 04/27/2011. Diagnoses include causalgia of upper limb, brachial plexus lesions long thoracic neuropathy, cervical disc degeneration, ulnar nerve lesion, adhesive capsulitis, sprain and strains of shoulder and upper arm not otherwise specified, and scapular winging. Treatment to date has included diagnostic studies, medications, behavioral medicine, physical medicine, pain management counseling, and stellate ganglion blocks. A physician progress note dated 02/26/2015 documents the injured worker chronic right shoulder pain. She has more pain with less meds but no side effects with taper. She has continued severe shoulder pain. She has little use of this arm. There is occasional swelling and she has numbness and severe burning pains. On examination the shoulder joint reveals deformity (swelling of right shoulder and neck, shoulder protraction on the right side, humeral head is anteriorly placed). She dislocated it this date in the office and physician had to relocate the humeral head. There is very restricted range of motion. Treatment requested is for Exalgo ER 32mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo ER 32mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Kuhn, B. AHRQ: Little Evidence for Opioids in Managing Long-term Chronic Pain. JAMA. 2014; 312 (12): 1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** The injured worker whose original date of injury is 04/27/2011 receives treatment for chronic upper extremity, neck, and shoulder pain. The diagnoses include causalgia of the upper extremity, cervical disc disease, a brachial plexus injury, and opioid dependence. This review addresses a request for a refill of Exalgo ER 32mg (hydromorphone) for 2 a day dosing. The medical documentation does indicate that this patient takes 3 opioid drugs for chronic pain. The other two are Opana 10 mg "up to 6 a day" and Dilaudid 8mg, "every 6 hours as needed" for pain. These dosages when added together exceed the morphine equivalent dose ceiling as recommended by the treatment guidelines. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function with this treatment plan. Based on the documentation treatment with Exalgo ER is not medically necessary.