

<b>Case Number:</b>	CM15-0092662		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/08/2004
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California

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 34 year old male, who sustained an industrial injury on March 8, 2004. He reported feeling a pop in his back followed by severe pain. The injured worker was diagnosed as having lumbar 3-4 and lumbar 4-5 disc degeneration and bilateral lumbar radiculopathy. Diagnostic studies to date have included discogram, x-rays, and an MRI of the lumbar spine. On April 9, 2015, a urine drug screen was performed, which was positive for morphine, hydrocodone, and a benzodiazepine. Treatment to date has included short-acting and long acting opioid analgesic medications, topical analgesic and muscle relaxant medications, chiropractic therapy, and epidural steroid injections. On April 9, 2015, the injured worker complains of ongoing pain in the mid to low back, bilateral hips and knees. He reports needing a walker to walk due to severe episodic muscle spasms. His pain is rated 10/10, and 9/10 with medications. He complains of continued overheating and nausea due to his pain medication and wants to discontinue its use. The physical exam revealed a mildly antalgic gait, use of a single-point cane for balance and support when on his feet, tenderness and guarding in the lumbar paraspinal musculature, decreased range of motion due to pain, and positive bilateral straight leg raise. The treatment plan includes changing his long-acting analgesic medication to Exalgo ER and continuing the Norco. A urine drug screen performed on April 11, 2015 is consistent. A progress report dated April 9, 2015 states that the patient's pain is decreased and function is improved with the use of Norco and exalgo with no side effects and no aberrant drug taking behavior. An opiate agreement has been signed an informed consent has been obtained.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo ER (extended release) 8 mg Qty 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Exalgo ER (extended release) 8 mg Qty 30, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there should be better documentation indicating how each individual medication is improving the patient's pain and function. However, a one month supply of medication should allow the requesting physician time to better document these things. As such, the currently requested Exalgo ER (extended release) 8 mg Qty 30 is medically necessary.

**Norco 10/325 mg Qty 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco 10/325 mg Qty 120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there should be better documentation indicating how each individual medication is improving the patient's pain and function. However, a one month supply of medication should allow the requesting physician time to better document these things. As such, the currently requested Norco 10/325 mg Qty 120 is medically necessary.