

Case Number:	CM13-0027326		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2002
Decision Date:	02/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 physician 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:

That patient is a 52 year old male with date of injury 10/18/02. The listed diagnoses per [REDACTED] dated 09/05/13 are: (1) Thoracic or lumbosacral radiculopathy, (2) Myalgia and myositis, (3) Chronic pain, (4) Muscle spasms, and (5) Lumbosacral spondylosis without myelopathy. According to the progress report dated 09/05/13 by [REDACTED], the patient presents with moderate-severe low back pain and neck pain. Pain radiates to the left arm, left calf, foot and thigh. Pain is described as ache, piercing, sharp, shooting and stabbing. Symptoms are relieved by exercise, heat, ice, lying down, injection, massage, medications, stretching and rest. Physical examination shows lower extremity muscle tone that is normal and an active painful range of motion of the lumbar area. His bilateral lower extremity strength is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 12mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: The patient presents with chronic back and neck pain radiating to his left arm and left lower extremities. The provider is requesting Exalgo 12 mg #90 for this patient's chronic pain. Review of the reports from 03/01/13 to 09/08/13 shows that the patient's pain goes from 10/10 to 7/10 with this medication. Function is improved such as walking, ability to socialize and activities of daily living (ADLs). There is no sedation or drowsiness documented while on this regimen. The patient also has signed an updated controlled substance agreement. The provider has made adequate documentation of the four A's (Analgesia, ADLs, Adverse effects, Adverse behavior). The patient's quality of life is also adequate with satisfactory pain relief. The provider's documentation satisfies MTUS requirements for chronic opiate use. Therefore, the requested Exalgo is medically necessary and appropriate.