

<b>Case Number:</b>	CM13-0030430		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/29/2001
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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:

The patient is a 37-year-old male who reported an injury on May 29, 2001 after stacking boxes, causing injury to his low back. The patient was initially treated with medications, physical therapy, and chiropractic care. An MRI revealed the patient had disc protrusions at the L4-5 and L5-S1 levels. The patient's chronic pain was managed with medications and regularly monitored with urine drug screens. The patient reported functional benefit from his medication usage, and the patient's activity level was considered stable. The patient's diagnoses included disc disorder, lumbar, chronic pain syndrome, and low back pain. The patient's treatment plan included starting Exalgo 8 mg, a gym membership, discontinuation of MS Contin, continuation of Norco 10/325 mg, and continued use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The prospective request for one (1) prescription of Exalgo 8mg, #30, between August 6, 2013 and October 21, 2013, is Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 80.

**Decision rationale:** The patient had chronic low back pain and has been on opioids for an extended duration to manage the pain. The Chronic Pain Medical Treatment Guidelines states "there is no evidence to recommend 1 opioid over another." The clinical documentation submitted for review does indicate that the patient was stable on a prior medication of MS Contin. The need to change the patient's medication schedule was not clearly identified as the patient's pain was controlled and the patient did receive functional benefit from medication usage. Therefore, the discontinuation of that medication and the addition of Exalgo to the patient's medication schedule was not medically appropriate. As such, the prospective request for one (1) prescription of Exalgo 8mg, #30, between August 6, 2013 and October 21, 2013, is not medically necessary or appropriate.

**The prospective request for one (1) prescription of Norco 10/325mg, #240, between August 6, 2013 October 21, 2013,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The patient has reported pain relief and is stable on the medication schedule. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time and received functional benefit from the usage of this medication. The Chronic Pain Medical Treatment Guidelines states that the continued use of opioids in the management of a patient's chronic pain should be supported by pain relief, functional benefit, side effect assessment, and monitoring for aberrant behavior. The clinical documentation submitted for review does indicate that the patient receives pain relief, has functional benefit, and can maintain functional benefit, side effects are well controlled, and the patient is monitored for aberrant behavior. In order to maintain the patient's functional activity level, the prospective request for one (1) prescription of Norco 10/325mg, #240, between August 6, 2013 and October 21, 2013, is medically necessary and appropriate.