MAXIMUS Federal Services

Case Number:	CM13-0035679		
Date Assigned:	12/27/2013	Date of Injury:	11/22/2006
Decision Date:	03/07/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and is licensed to practice in Virginia and the District of Colombia. 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:

In March 12 2010, patient was diagnosed with AVN (avascular necrosis) and underwent a total hip arthroplasty. The patient still had residual problems following surgery, which did interfere with his ability to carry objects. He was noted to have pain with bending, walking, lifting, pushing and pulling. On Apr 17 2012, [redacted] saw the patient and found the patient to have a slight leg length difference. He was also noted to have decreased range of motion. He was then instructed to get radiography of his left knee and right hip and back, obtain follow up with [redacted] (surgeon) and given Norco 10 bid# 60 prn. On May 24 2012, [redacted] saw the patient and noted similar issues and continued to prescribe Norco 10/325mg tid-qid prn. On Jul 10 2012, [redacted] saw the patient and noted similar issues and continued to prescribe Norco 10/325mg tid-qid prn.On Sept 13 2012, pt had x-ray of his left knee ,which found mild narrowing of joint space but no fracture, and of the right hip, which showed no fracture. He had an x-ray of left hip that showed some mild degenerative changes at the sacroiliac joints. On Sept 13 2012, [redacted] saw the patient and noted referred pain from his left hip to left knee, for which he was given flector samples, and continued to prescribe Norco 10/325mg tid-qid prn. On Oct 26 2012, [redacted] saw the patient and noted worsening pain in the back area. She ordered an MRI for evaluation and physical therapy; she continued to prescribe Norco 10/325mg tid-qid prn. On Jan 10 2013, [redacted] saw him for radicular complaints and noted anomalies in straight leg raise testing. She told patient to continue Norco 10/325mg tid-qid prn.On Jan 15 2013, the patient saw physical therapy who recommended care twice per week for 6 weeks as requested for therapeutic exercise stabilization, non weight bearing strengthening via the left lower extremity. On Jan 26 2013, patient had MRI of lumbar spine that showed disc extrusion at the L4-5 level. On Feb 21 2013, [redacted] saw him for radiculopathy and weakness/numbness. She told him to continue Norco 10/325mg tid-qid prn. On Apr 4 2013, [redacted]

[redacted] saw him for radiculopathy with numbness/weakness improvement; she continued to prescribe Norco 10/325mg tid-qid prn. By Mar 29 2013, he was noted to have completed 12 physical therapy sessions with improvement. On June 4 2013, [redacted] saw him for radiculopathy with numbness/weakness improvement but recommended pursuing surgery; she did not want to continue Norco 10/325mg and recommended a trial of Exalgo. There was no clear dosing and frequency noted. On June 24 2013, [redacted] saw him for radiculopathy with numbness/weakness improvement but recommended pursuing surgery. The trial of Exalgo was to continue and then reviewed over the next few weeks. On Jul 15 2013, [redacted] saw him for radiculopathy with numbness/weakness improvement but recommended pursuing surgery. She then prescribed patient Norco due to patient travel reasons. Patient noted improvement in symptoms with Exalgo. On Sept 18 2013, [redacted] saw him for radiculopathy with numbness/weakness improvement but recommended pursuing surgery. Patient was given Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 12 mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 54-55, 74-75, 83.

Decision rationale: The patient had chronic pain complaints in multiple locations. With physical therapy and Norco, he was noted to have an improvement in his symptoms. Exalgo is a long acting opiate which has once daily dosing for extended periods of analgesia, as compared to Norco. Exalgo is not given as first line therapy. The patient was well controlled with Norco and was noted to have improvement in his symptoms while he was taking it. Long acting opiates are recommended for severe pain, which was not clinically documented. The patient also discontinued this medication upon embarking on foreign travel for customs-related issues. This medication was not indicated or necessary.