

Case Number:	CM13-0057173		
Date Assigned:	12/30/2013	Date of Injury:	01/05/1993
Decision Date:	03/31/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Pain Management, 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:

This patient is a 48-year-old male with date of injury of 01/05/1993. The listed diagnoses per [REDACTED] dated 10/13/2013 are Chronic neuropathic pain right groin, S/P inguinal herniorrhaphy with recent exacerbation, CHronic neuropathic pain, and depression with anxiety. According to progress report dated 10/13/2013 by [REDACTED], the patient continues to have pain in the right groin area. Medication is extremely helpful and allows him to perform his activities of daily living. He is also able to do simple activities such as taking the kids to school and other activities that do not involve lifting, pushing, or pulling. He currently takes Exalgo 8 mg, Cymbalta 60 mg, Seroquel 50 mg, Seroquel XR 150, Zoloft 25 mg, lorazepam 0.5 mg. Physical examination shows that the patient is awake, alert, and sitting appropriately. There is no evidence of medication-induced somnolence. Tenderness upon palpation significant into the right groin area and low back. Treater is requesting a refill for Exalgo 8 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications and Chronic Pain Section Page(s): 60-61.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic right groin pain. Treater is requesting a refill for Exalgo. Utilization review dated 11/08/2013 denied the request stating that "there is no evidence of alternatives to medication regimen in an attempt to wean claimant off medications and it is unclear how long the claimant has been on this medication regimen." Review of reports from 02/06/2013 to 12/13/2013 shows that the patient's pain has been taking Exalgo since 02/06/2013. Progress report dated 10/13/2013 by [REDACTED] shows that "the patient states that medication is extremely helpful and allows him to perform his activities of daily living. The patient is also able to do simple activities like taking the kids to school. The patient's pain goes from 10/10 without medication to 5/10 with medication." Records also show that the patient has a current urine drug screen and report is consistent with medications being prescribed. There is no evidence of medication-induced somnolence. The treater appears to have provided adequate documentation of the 4As, analgesia, ADLs (activities of daily living), adverse effects, adverse behavior. The patient's quality of life is also adequate with satisfactory pain relief. The treater's documentation satisfies the Chronic Pain Medical Treatment Guidelines requirements for chronic opiate use. The request for Exalgo 8 mg is medically necessary and appropriate.