

Case Number:	CM13-0065498		
Date Assigned:	01/03/2014	Date of Injury:	04/14/1987
Decision Date:	04/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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, Pulmonary Diseases 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 61-year-old male who reported an injury on 04/14/1987. The mechanism of injury was not provided for review. The patient ultimately underwent a multi-level lumbar fusion which failed to provide the patient any relief. The patient's chronic pain was managed with multiple medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had persistent pain complaints of the lumbar spine rated at a 5/10 to 6/10. Physical findings included restricted range of motion of the right lower extremity and motor strength weakness with sensory deficits in the left lower extremity in the L4, L5, and S1 dermatomes. The patient's medication schedule included Exalgo ER 16 mg, Nucynta ER 250 mg, Gabapentin 300 mg, and Terocin lidocaine patches. The patient's diagnoses included lumbago, status post 3 level fusions, facet and sacroiliac joint arthropathy, failed back syndrome, neuropathic pain, and right-sided radiculopathy. The patient's treatment plan included continuation of medications and a psychological evaluation for a spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXALGO ER 16MG, #60: Upheld

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

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

Decision rationale: The requested Exalgo ER 16mg, #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, the quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has been on this medication since 06/2012. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior with urine drug screens. However, the patient's most recent evaluation did not provide a quantitative pain assessment to support the efficacy of this medication. Additionally, there is no documentation of functional benefit as a result of the medication usage. Therefore, continued use of the requested medication cannot be supported. As such, the requested Exalgo ER 16mg, #60 is not medically necessary or appropriate.