

<b>Case Number:</b>	CM13-0066603		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic right lower extremity and right thigh pain reportedly associated with an industrial injury of November 23, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a right thigh brace; topical compounds; and extensive periods of time off of work. In a Utilization Review Report of December 5, 2013, the claims administrator apparently denied a request for Exalgo, citing non-MTUS Third Edition ACOEM Guidelines and ODG Chronic Pain Guidelines. In May 7, 2013 progress note; the applicant is described as having persistent right leg pain. The applicant was apparently using large numbers of Norco and Tramadol tablets daily to control his pain. The applicant is using 1800 mg of Neurontin. He uses as many as 12 Tramadol to try and control his 6-7/10 pain. A trial of Exalgo was endorsed. The applicant is asked to employ Norco and/or Tramadol for breakthrough pain while using Exalgo and Gralise (Neurontin) on a scheduled basis. On office visits of December 2012, January 2013, and February 11, 2013, the applicant was described as trialing various opioid and non-opioid agents, including Opana extended release, Norco, Tramadol, and Terocin. An H-Wave unit is also endorsed at various points. The applicant was described as off of work and having concurrent issues with depression. On February 19, 2013, the applicant was described as using Lortab, Nucynta, Tylenol, and Tramadol. The applicant was using a cane to move about. In a December 13, 2013 application letter, the applicant's attorney states that the applicant is requesting authorization for Exalgo and Norco owing to a reported diagnosis of chronic regional pain syndrome of the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo 12mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, Exalgo was apparently introduced on May 7, 2013, i.e., seven months prior to the subsequent Utilization Review Report of December 4, 2013. There is no evidence that the applicant has achieved any improvement in terms of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines as a result of ongoing usage of Exalgo. There is no evidence that the applicant has affected any return to work between May 2013 and December 2013. There is no evidence of reduced pain or improved performance activities of daily living affected or achieved as a result of ongoing Exalgo usage. It is noted that no progress notes were seemingly provided between May 7, 2013 and December 2013 so as to gauge the applicant's response to Exalgo. It does appear that the claims administrator may have had additional documentation available as of the time of the Utilization Review Report that was not included in the application for Independent Medical Review. Nonetheless, the limited information on file does not, as noted previously, establish the presence of any of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Accordingly, the request is not certified, on Independent Medical Review.