

<b>Case Number:</b>	CM14-0008346		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	02/01/1999
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal 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 expert 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 51-year-old female who has submitted a claim for cervical radiculopathy, fibromyalgia, cervicogenic headaches, myositis/myalgia, and chronic pain, associated with an industrial injury date of February 1, 1999. Medical records from 2013 were reviewed. The latest progress report, dated 11/25/2013, showed persistent neck pain radiating in bilateral upper extremities and low back radiating in bilateral lower extremities. The pain score was 10/10 with or without medications. There were limitations on activities of daily living. Physical examination revealed an antalgic gait and utilization of a walker to ambulate. Tenderness was noted in the cervical spine C4-7 with limitation of range of motion due to pain. Tenderness was noted in the lumbar spine L4-S1 with limitation of range of motion due to pain. Treatment to date has included home exercise program and medications which includes Exalgo ER 8mg since at least July 2013. Utilization review from 01/03/2014 modified the request from purchase of Exalgo ER 8mg daily to purchase of Exalgo ER 8mg daily allow x 1 for weaning over 3 months because there was no clear evidence of significant lasting functional improvement resulting from continued treatment with the said medication, instead a weaning process was supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXALGO ER 8MG DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; On- Going Management Page(s): 78-82.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been on this medication since at least July 2013. There is no documentation of symptomatic improvement or objective functional benefits derived from this medication. Moreover, the requested quantity is not specified. Therefore, the request for Exalgo ER 8mg daily is not medically necessary and appropriate.