

Case Number:	CM14-0110275		
Date Assigned:	08/01/2014	Date of Injury:	01/08/2001
Decision Date:	09/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 32-year-old female who reported an injury on 01/08/2001 caused by an unspecified mechanism. The injured worker's treatment history included medications. The injured worker was evaluated on 06/19/2014 and it was documented that the injured worker complained of cervical pain causing headaches. The pain was rated at 3/10 to 4/10 on average, the worst pain the injured worker had experienced was rated at 8/10. The injured worker reported 65% of pain has relieved during the past week. The injured worker reported since her last physical visit her function, family and social relationships have improved by movement, sleep and overall function has remained the same. The injured worker brought in medications and pill count was correct. On physical examination, there was tenderness over C3, C4 and C5 with spasm noted. Muscle strength was 3/5. There was numbness and tingling in the dermatomal distribution. There was no aberrant behavior noted. The injured worker was following the pain management agreement. The provider recommended continuing Exalgo and decreasing Norco. The injured worker was having great results with Exalgo and was no longer crying. Request for Authorization was not submitted. However, the rationale for the medication was for the injured worker's pain and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Exalgo (DOS 6-4-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Criteria for use for a therapeutic trial of opioids.Chronic Pain Medical Treatment Guidelines; recommendations of opioids for chronic pain in genera; conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): page(s) 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. . The request lacked frequency, duration and quantity. There was lack of documentation of long-term functional improvement for the injured worker. Given the above, the request for retrospective use of Exalgo is not medically necessary.

Prospective use of Exalgo: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Criteria for use for a therapeutic trial of opioids.Chronic Pain Medical Treatment Guidelines; recommendations of opioids for chronic pain in genera; conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. The request lacked frequency, duration and quantity. There was lack of documentation of long-term functional improvement for the injured worker. Given the above, the request for retrospective usage of Exalgo (DOS 6-4-2014) is not medically necessary.