

Case Number:	CM14-0113116		
Date Assigned:	08/01/2014	Date of Injury:	11/22/2011
Decision Date:	09/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old male who reported an injury on 11/22/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his bilateral upper extremities, bilateral knees, and lumbar spine. The injured worker's treatment history included bilateral carpal tunnel release, right knee surgery, medications, transforaminal epidural steroid injections, and physical therapy. The injured worker was evaluated on 06/11/2014. It was noted that the injured worker had significant pain complaints. The injured worker's medications included gabapentin 600 mg, omeprazole 20 mg, hydromorphone extended release 12 mg, oxycodone/acetaminophen 10/325 mg, ibuprofen 800 mg, duoxetine 60 mg, tizanidine 4 mg, tramadol 50 mg, albuterol, diazepam 5 mg, and Viagra 100 mg. Physical findings included a decreased motor strength of the bilateral upper extremities with no sensor deficits. The injured worker had decreased range of motion of the cervical spine secondary to pain. It was noted that there was no evidence of overmedication or sedation. The injured worker's treatment plan included a continuation of medications to include Exalgo. It was noted that this medication was prescribed to assist with chronic pain. A request for authorization form to support the request was submitted on 06/21/2014. The injured worker was evaluated on 06/25/2014. It was noted that the injured worker's pain was rated at a 10/10 without medications and reduced to an 8/10 with medications. The injured worker also underwent a urine drug screen at that appointment. The injured worker's medications were consistent with the prescribed medication schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 12mg #30: 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 request for Exalgo 12 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker is monitored for aberrant behavior with urine drug screens and has pain relief from a 10/10 to an 8/10. The clinical documentation does not provide any evidence of significant functional benefit resulting from the pain relief provided by this medication. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Exalgo 12 mg #30 is not medically necessary or appropriate.