

Case Number:	CM14-0150445		
Date Assigned:	09/18/2014	Date of Injury:	06/20/2003
Decision Date:	10/23/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 49 year old female with complaints of pain right sided neck, shoulder, and arm as well as low back pain, leg pain. The date of injury is 6/20/03 and the mechanism of injury is repetitive trauma injury resulting in her current symptoms. At the time of request for Exalgo ER 16mg #30, there is subjective (neck pain, shoulder pain bilateral, arm pain, low back pain, leg pain) and objective (sensory decreased C5 dermatome, absent brachioradialis reflex bilaterally) findings, imaging findings/other (EMG 10/20/11 shows chronic C5-6 radiculopathy, 4/1/14 lumbar spine and cervical spine x-rays shows degenerative disc disease L5-S1 with spacers in place, foraminal stenosis C3-4, previous fusion C5-6, hardware in place C4-5, degenerative changes C6-7), diagnoses (severe neck pain, right arm pain, s/p ACDF x 2, cervical spondylosis with cervical headaches, chronic low back pain R>L, lumbar radiculopathy, myofascial pain/spasm), and treatment to date (surgical decompression cervical spine, medications, physical therapy, selective nerve root block/steroid C5-6 right, occipital nerve blocks). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo ER 16 mg, QTY: 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(chronic), Opioids for chronic pain; Exalgo

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG treatment decisions, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply this information, it is my opinion that the request for Exalgo ER 16mg tablet is medically necessary.