

<b>Case Number:</b>	CM14-0172389		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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 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:

This is a 58-year-old male with a 4/24/08 date of injury. According to a progress report dated 9/26/14, this patient had an injury of the cervical spine and the shoulder, and after complications of shoulder surgery, was left with frozen left shoulder. His medications consisted of tramadol, hydrocodone, and Zanaflex. This combination of medications has been controlling his pain. The patient has chronic continuous moderately severe pain, and the provider would like to transition the patient onto the long-acting narcotic medication, Exalgo. Objective findings: minimal pain with cervical range of motion, subacromial tenderness, right thenar eminence, limited right shoulder range of motion, cervical facet joints tender upon palpation. Diagnostic impression: disorders of bursae and tendons in shoulder region, sprain of unspecified site of shoulder and upper arm. Treatment to date: medication management, activity modification, ESI, physical therapy, TENS. A UR decision dated 10/6/14 denied the request for Exalgo. There was no recent urine toxicology screen to determine adherence to prescribed medications. There was likewise no mention of absence of drug aberrant behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month supply of Exalgo 8mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Opioids; Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, the provider would like to transition the patient to a long-acting narcotic medication, Exalgo, because he has been taking his short-acting narcotic medication, hydrocodone, round the clock. However, there is no documentation of significant pain reduction or improved activities of daily living from his current use of opioid medication to support the addition of another opioid medication. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for 1 month supply of Exalgo 8mg is not medically necessary.