

Case Number:	CM14-0025738		
Date Assigned:	06/13/2014	Date of Injury:	11/03/2011
Decision Date:	08/12/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/28/2014

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 Medicine and is licensed to practice in Florida. 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 54-year-old male with a reported injury on 11/03/2011. The mechanism of injury was not provided. The injured worker had an examination on 02/07/2014 for evaluation of his neck and back pain. The injured worker reported that his medication does help him to reduce pain and increase his function. He described the pain as aching in the neck and low back and to the left buttock. Pain worsened with sitting, standing, walking, bending, lifting, and lying down. The injured worker reported that the pain level is at a 5/10 without medication and at a 4/10 with his medication. There is no evidence of conservative treatment such as physical therapy or home exercise program. The list of his medications included Flexeril, Norco, Terocin, Lisinopril, and Levothyroxine sodium. The diagnoses included low back pain radiating to the left leg, neck pain, cervical spine stenosis, lumbar degenerative disc disease, and chronic pain syndrome. There was a urine toxicology test screening that was done that showed that he was taking his opiate medications appropriately. The recommended treatment plan was to renew his medications (the Norco) and to add Exalgo. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXALGO 8MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7:

Independent Medical Examinations and Consultations, pages 116 and on the Non-MTUS Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): page(s) 74-80.

Decision rationale: The California MTUS Guidelines state that for chronic back pain there is a limited short-term pain relief but the long-term efficacy is very unclear for greater than 16 weeks and appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no record of any alternative or even any conservative therapy that has happened to include physical therapy or a home exercise program. There needs to be recommended ongoing monitoring documentation to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of potentially aberrant or non-adherent drug related behaviors. The injured worker did have a urinalysis done that did side with the fact that he is taking his opiates as ordered although there was no mention of psychosocial functioning deficits or improvements. Furthermore, the request for the Exalgo did not specify directions as far as duration and frequency. Therefore, the request for Exalgo 8mg #30 is not medically necessary.