

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0032685 |                              |            |
| <b>Date Assigned:</b> | 04/16/2014   | <b>Date of Injury:</b>       | 12/20/2007 |
| <b>Decision Date:</b> | 06/04/2014   | <b>UR Denial Date:</b>       | 01/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2014 |

### 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 and is licensed to practice in Texas. 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 53 year old female with a reported date of injury on 12/20/2007. There is no clinical documentation of mechanism of injury. The clinical note dated 04/22/2014, noted the injured worker complained of pain to left knee and rated at 7/10. Per the assessment the injured worker was ambulating without assistance and with moderate pain over the left knee. The injured workers medication regimen included Exalgo 16mg 1 tablet by mouth twice daily and Dilaudid 8mg 1 tablet by mouth three times daily as needed for breakthrough pain. Diagnoses include C-section, tonsillectomy, and left knee arthroscopy. The request for authorization for Exalgo tab 16mg dose twice daily for a 30 day supply of #60 was submitted on 02/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXALGO TAB 16MG; DAYS SUPPLY:30: #60 (32MG A DAY): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** The California MTUS guidelines for opioids suggest the lowest possible dose should be prescribed to improve pain and function. The MTUS guidelines recommend

ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain; after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The four domains which have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids include: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is a lack of clinical evidence provided to suggest the need of the opioid medication. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. The requesting physician did not include an adequate and complete assessment of the injured workers pain. It was unclear if the injured worker had side effects related to the medication or a lack thereof. Therefore, the request for Exalgo tab 16mg dose twice daily for a 30 day supply of # 60 is not medically necessary and appropriate.