

<b>Case Number:</b>	CM14-0038461		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/22/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & 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 50-year-old male who reported an injury on 07/22/2008. The mechanism of injury was not stated. Current diagnoses include anxiety, reflex sympathetic dystrophy in the upper limb, and causalgia of the upper limb. The injured worker was evaluated on 11/27/2013 with complaints of 7/10 pain and poor sleep quality. Current medications include Exalgo ER, Methadone, and Percocet. Physical examination revealed complex regional pain syndrome (CRPS) pain in the left hand, allodynia in the hand and forearm, and weakness. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo 8 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Hydrocodone/Acetaminophen, Opioids, Hydromorphone Page(s): 91, 76. Decision based on Non-MTUS Citation ODG, Pain, Hydromorphone, Exalgo, Long-term assessment - Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 10/2013. Although the injured worker reported an improvement in symptoms, the injured worker also reported 7/10 pain with poor sleep quality. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request for Exalgo 8mg #30 is not medically necessary and appropriate.