

Case Number:	CM14-0038926		
Date Assigned:	06/27/2014	Date of Injury:	12/06/2010
Decision Date:	10/14/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/02/2014

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 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:

The patient is a 55-year-old female, who has submitted a claim for dysthymic disorder, lumbar sprain, chronic pain due to trauma and rotator cuff sprain associated with an industrial injury date of December 06, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of moderate to severe back pain described as aching, deep, dull and with numbness. Physical examination showed there was no motor weakness, with intact gait and balance. Patient is oriented to person, time and place. Treatment to date has included Cymbalta, Neurontin, Vitamin D3, Ondansetron, Exaldo (since February 2014) and Prilosec. Utilization review from March 4, 2014 denied the request for Exalgo 8mg #60, however, reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXAIGO 8 MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS THERAPUTIC TRIAL OF OPIOIDS P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, it does 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 this case, the patient has been on Exalgo since February 2014. However, documents submitted showed that the patient has been on opioids since 2013. There was frequent monitoring in terms of the level of opioids and the test result is consistent with prescribed medications. Progress note reviewed showed an improvement on the quality of life of the patient and activities of daily living upon intake of the opioids. The medication was also from the same physician who prescribed the hydrocodone. Guideline criteria for continuing opioid management have been met. Therefore, the request for Exalgo 8mg #60 is medically necessary.