

Case Number:	CM14-0056780		
Date Assigned:	07/09/2014	Date of Injury:	10/02/2000
Decision Date:	09/05/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old individual was reportedly injured on 10/1/2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/6/2014, indicated that there were ongoing complaints of upper back, mid back and low back pains. The physical examination demonstrated tight paralumbar area with tenderness to palpation difficult to elicit. Motor exam revealed no motor weakness. Balancing gait intact. Coordination was intact. Fine motor skills were normal. No recent diagnostic studies are available for review. Previous treatment included previous surgery, injections, and medication. A request had been made for Exalgo 8 mg #60 and Exalgo 12 mg #60 and was not certified in the pre-authorization process on 4/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids; When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74 of 127.

Decision rationale: The MTUS/ODG Treatment guidelines support long-acting opiates in the management of chronic pain; however, the management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic back pain; however, there is no objective documentation of improvement in the pain or function in progress notes from the use of this medication. The claimant's pain is still 8/10 on the visual analog scale. As such, this Exalgo 8 mg #60 is not medically necessary is not considered medically necessary.

Exalgo 12mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids; When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 74 of 127.

Decision rationale: The MTUS/ODG Treatment guidelines support long-acting opiates in the management of chronic pain; however, the management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic back pain; however, there is no objective documentation of improvement in the pain or function in progress notes from the use of this medication. The claimant's pain is still 8/10 on the visual analog scale. As such, this Exalgo 12mg #60 is not medically necessary.