MAXIMUS Federal Services

Case Number:	CM14-0070920		
Date Assigned:	07/14/2014	Date of Injury:	10/23/2006
Decision Date:	09/12/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 31 year old male injured on 10/23/06 when he fell into a pile of steel dodging a piece of a crane that was swinging away from him resulting in low back and lower extremities pain. Diagnoses included thoracic intervertebral disc extrusions at T6-7 and T7-8 and cord impingement with mild myelopathic symptoms of left foot tingling, cervical degenerative changes, thoracic rib dysfunction, left shoulder ankylosis due to thoracic and myofascial tension, left upper extremity paresthesias, depression and anxiety related to chronic pain, erectile dysfunction, sleep disorder and chronic severe pain. The injured worker continued to complain of left shoulder pain increased with reaching or sustained activity, intermittent paresthesia radiating to the left upper extremity twice a week with neck activity, and left shoulder range of motion limited by pain. The injured worker utilized docusate for opioid induced constipation, baclofen for muscle spasm, ibuprofen for musculoskeletal pain and tramadol, Exalgo, and Norco for pain management. Exalgo was utilized on an every other day basis for pain management purposes. Activities of daily living continued to remain limited due to pain and injured worker continued to perform functions of an at home father. Medications decreased pain by 50%. The initial request for Exalgo 8mg #15 was denied on 05/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 8mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone. Decision based on Non-MTUS Citation Official Disability guidelines- Pain Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Exalgo is meant to be used once daily for extended pain relief, not on an as needed basis. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Exalgo 8mg #15 is not medically necessary and appropriate.