

<b>Case Number:</b>	CM14-0099947		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/08/2001
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational 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 56 year old female with a date of injury on 3/08/2001. The injured worker sustained a neck injury and has chronic neck pain. Her diagnoses include cervical degenerative disc disease and it appears that there has been long term use of opiate narcotic analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo Tab 8 mg Day Supply: 30 Quantity: 30 Refills: 00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Baumann, 2002; Passik, 2000; Weaver, 2002

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-79.

**Decision rationale:** The notes indicate that this injured worker has long term use of opiate narcotics. The notes indicate that the use of Exalgo has been going on for some time, at least back to about 2/14. The physician at that time noted that the injured worker's prior use of analgesics had not been adequate, and a decision at that time was made for the injured worker to add Exalgo, a longer acting analgesic to her treatment plan. Notes, from the treating physician, indicate that with the Exalgo, her pain level is significantly reduced and that there is an increased

ability to engage in activities of daily living and an improvement in overall functioning. Without the medication, she is not able to engage in such activities. There does not appear to be any side effects or aberrant behavior. Given this, the request for the Exalgo is appropriate and medically necessary.