

Case Number:	CM15-0145405		
Date Assigned:	08/06/2015	Date of Injury:	11/03/2008
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 62-year-old who has filed a claim for chronic low back pain (LBP), reportedly associated with an industrial injury of November 3, 2008. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for Exalgo apparently prescribed on June 4, 2015. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of back and leg pain. The applicant was on Norco, Neurontin, Exalgo and cyclobenzaprine, it was reported. The applicant developed derivative complaints of anxiety and depression following earlier failed lumbar spine surgery. The applicant also had other comorbidities including diabetes and hypertension, it was reported. The applicant's medication list included Flexeril, Neurontin, Nucynta, Ambien, Norco, Norvasc, Tenormin, glipizide, losartan, metformin, Pravachol, and ranitidine, it was reported. At the bottom of the report, the attending provider suggested that he is prescribing Exalgo extended-release, Neurontin, Norco, and Flexeril. The attending provider stated in one section of the note that he intended Exalgo extended-release to replace Nucynta extended-release. In another section of the note, attending provider stated that the request for Exalgo in fact represented a renewal or extension request. The attending provider stated that the applicant was deriving improvement in terms of unspecified activities of daily living with ongoing medication consumption. The applicant was not working, it was reported at the bottom of the report. The attending provider stated that it was best for the applicant to remain off of work, on total temporary disability owing to his ongoing pain complaints. In an appeal letter dated August 17, 2015, the attending provider reiterated his request for both Exalgo and Norco. The attending provider contended that

the applicant was a good candidate for ongoing medication consumption and stated that the applicant was having difficulty dressing himself, bathing himself, and performing personal hygiene with Norco alone. The attending provider contended that the applicant's pain medications were reducing his pain scores from 10/10 without medications to 5/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 6.4.15 Exalgo ER 12mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Exalgo extended release, a long acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, the treating provider reported on June 4, 2015. The applicant was kept off work, on total temporary disability, it was reported on that date. While the treating provider did recount some reduction in pain scores reportedly effected as a result of ongoing medication consumption, on an appeal letter of August 17, 2015, these report were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and substantive improvement in function (if any) effected as a result of ongoing opioid usage, including ongoing Nucynta extended-release usage. The attending provider's commentary on the appeal letter of August 17, 2015 to the effect that the applicant would have difficulty getting dressed, bathing himself, and/or performing personal hygiene without his medications did not constitute evidence of a meaningful, material, or substantive improvement in function achieved as a result of ongoing Exalgo extended release usage. Therefore, the request was not medically necessary.