

<b>Case Number:</b>	CM15-0146729		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	02/23/2007
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 46-year-old who has filed a claim for wrist, back, and knee pain reportedly associated with an industrial injury of February 23, 2007. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve requests for Exalgo and Norco. The claims administrator referenced a June 30, 2015 RFA form and an associated form of June 29, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 3, 2015, Exalgo, Norco, and psychology consultation were endorsed. On an associated June 1, 2015 progress note, the applicant reported ongoing of knee and low back pain. The applicant contented that his medications were improving his quality of life. 6 to 7/10 without medications versus 4/10 with medications were reported. The applicant was not working, it was acknowledged. Norco, Dilaudid, Neurontin, Flexeril, Prilosec, and Lipitor were all renewed. The attending provider stated that the applicant's walking tolerance had been ameliorated as a result of ongoing medication consumption. Psychotherapy was endorsed. The applicant's permanent work restrictions were renewed, although it was acknowledged that the applicant was not, in fact, working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Exalgo 8mg, quantity: 30, per treatment authorization request dated 06/29/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

**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, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guideline, 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 not working, it was acknowledged on June 1, 2015. While the treating provider did report a reduction in pain scores from 6 to 7/10 without medications versus 4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to the work and the treating providers failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. While the attending provider reported in one section of the note that the applicant's walking tolerance has improved as a result of ongoing medication consumption. The attending provider also reported in another section of the same note that the applicant is having difficulty performing activities of daily living as basic as sitting, standing, walking, bending, and lifting. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Exalgo. Therefore, the request was not medically necessary.

**Retrospective request for Norco 10/325mg, quantity: 120, per treatment authorization request dated 06/29/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

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

**Decision rationale:** Similarly, the request for Norco, short-acting opioid, was likewise 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 of work, it was acknowledged on June 1, 2015. It was acknowledged that the applicant was not working with previously imposed permanent limitations in place on that date. While the treating provider did recount a reduction in pain scores from 6-7/10 without medications to 4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) suspected as a result of ongoing Norco usage. While one section of the attending provider's progress note suggested that the applicant's walking was ameliorated as a

result of ongoing medication consumption, this was, however, outweighed by the applicant's failure to return to work, and the attending provider's commentary in other sections of the June 1, 2015 progress note to the effect that the applicant was still having difficulty performing activities of daily living as basic as sitting, standing, walking, bending, and lifting. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.