

<b>Case Number:</b>	CM15-0050323		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	12/31/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 50 year old male who sustained an industrial injury on 12/31/06. Initial complaints and diagnoses are not available. Treatments to date include medication, Functional Restoration Program, and shoulder surgery. Diagnostic studies include a MRI. Current complaints include pain and inability to perform activities of daily living. In a progress note dated 12/01/14 the treating provider reports the plan of care as including nerve conduction studies, neurological consultations, and medications including Exalgo, Dilaudid, Senna, and Lunesta. The requested treatment is Exalgo.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo 16mg #60/30 twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Guidelines state that patients on chronic opioids should be monitored for efficacy, side effects, functionality and signs of aberrant drug use. In this case, documentation is lacking regarding the presence of a narcotic contractual agreement as well as monitoring for efficacy or improved functionality despite being on chronic high dose opioid therapy. The request for Exalgo 16 mg #60 is not medically appropriate and necessary.