

Case Number:	CM14-0127732		
Date Assigned:	08/18/2014	Date of Injury:	02/05/1999
Decision Date:	10/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 48-year-old male with a 2/5/99 date of injury. At the time (7/7/14) of the request for authorization for Exalgo tabs 32mg, there is documentation of subjective (chronic, severe low back pain, worsening low back and left leg pain with increased weakness, numbness and tingling in the left leg) and objective (antalgic gait, bilateral lumbar spasm, strength and sensation are decreased in the left lower extremity) findings, current diagnoses (lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, post-laminectomy syndrome lumbar region, intervertebral lumbar disc disorder without myelopathy lumbar region, and degenerative lumbar/lumbosacral intervertebral disc), and treatment to date (intrathecal pain pump). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo Tabs 32mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, postlaminectomy syndrome lumbar region, intervertebral lumbar disc disorder without myelopathy lumbar region, and degenerative lumbar/lumbosacral intervertebral disc. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Exalgo tabs 32mg is not medically necessary.