MAXIMUS Federal Services

Case Number:	CM15-0018115		
Date Assigned:	02/06/2015	Date of Injury:	12/07/2010
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/30/2015

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 Jersey, New York
Certification(s)/Specialty: Family Practice

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 49 year old female who sustained a work related injury December 7, 2010. According to a primary treating physician's progress report dated December 31, 2014, the injured worker presented with ongoing bilateral hand and wrist pain. She continues to work modified duty and is waiting to see a spine surgeon. There are no significant changes noted. Diagnoses are documented as tenderness to the right palm secondary to ganglion cyst removal; bilateral hand and wrist tenderness (negative electrodiagnostic studies of the bilateral arms 2011), bilateral lateral epicondylitis; 5-6mm right sided disk/osteophyte at C4-C5 and a 4mm disk protrusion extending to the right foramen at C5-C6 causing right foraminal stenosis. Treatment included prescriptions for medications. Work status is documented as no keyboarding for more than 30 minutes on a 4 hour shift and maximum lifting of 5 pounds. Work for 4 hours no more than 4 days per week.According to utilization review dated January 26, 2015, the request for Exalgo 32mg QTY: 30 was modified to Exalgo 32mg QTY: 27, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Exalgo 8mg QTY: 30 were modified to Exalgo 8mg QTY: 27, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Percocet 10/325mg QTY: 120 were modified to Percocet 10/325mg QTY: 54, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exalgo 32mg, QTY: 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered medically necessary. The patient has adequate documentation of the 4 A's of opioid monitoring: pain control, psychosocial functioning, side effects, and aberrant behavior. The patient was documented to have a decreased in pain from 9/10 to 4/10 with medications. She was able to perform more ADLs and return to work part-time. She had no side effects and although UDS results were not included, the patient was documented to have consistent results and no signs of aberrant behavior. The requested 32 mg of Exalgo does slightly exceed the 120 morphine med equivalents but minimally. Because the patient is able to function and pain is better controlled, and other pain measures have not been able to decrease pain, the request for 32mg of Exalgo is considered medically necessary.

Exalgo 8mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86-87.

Decision rationale: The request for 8mg of Exalgo is considered not medically necessary. The request for 32mg of Exalgo was considered medically necessary. Adding an additional 8mg would significantly exceed the 120 med equivalent. The patient is also on two different types of opioids. Although the 4 A's of opioid monitoring have been met, guidelines call for lowering of dosage to not exceed the maximum dosage. Therefore, the request is considered not medically necessary.

Percocet 10/325mg, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86-87.

Decision rationale: The request for Percocet is considered not medically necessary. The request for 32mg of Exalgo was considered medically necessary. Adding Percocet would significantly exceed the 120 med equivalent. The patient is on two different types of opioids. Although the 4

A's of opioid monitoring have been met, guidelines call for lowering of dosage to not exceed the maximum med equivalents. Therefore, the request is considered not medically necessary.