

Case Number:	CM14-0111706		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2005
Decision Date:	10/07/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal Medicine 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:

The injured worker is a 49 year old female who sustained an injury on 08/01/05. There was no specific trauma. The injured worker developed repetitive traumatic injury involving the upper extremities neck back low back and hip. The injured worker underwent prior lumbar fusion on non-industrial basis. The injured worker was also followed for continuing chronic regional pain syndrome and fibromyalgia. The injured worker was provided medications for long term chronic pain. The injured worker recently underwent right lumbar sympathetic block at L2 in 11/13. The injured worker reported good benefits from medications that enabled her to be functionally active. The injured worker also reported substantial improvement from prior stellate ganglion blocks. The injured worker was seen on 06/10/14. This was a handwritten clinical record which was somewhat difficult to interpret due to handwriting and copy quality. The injured worker reported severe pain despite the use of Flector patches Flexeril and Neurontin. Pain was primarily in the cervical and trapezial regions. It appeared the injured worker received Depomedrol injection at this visit. Physical examination was difficult to determine in a report. The report indicated the injured worker had significant improvement with Butrans with reduction of 50% of pain. Recent urine drug screen results from 05/19/14 were negative for any tested substances. This included buprenorphine. Clinical record from 07/17/14 was also handwritten. The injured worker was reported to have been off medications since 04/14. The injured worker was utilizing old Neurontin Flexeril and Ativan without any improvement. The injured worker was still reported to have done well with previous medications. The injured worker was recommended to restart Butrans at 20mcg Norco 10/325mg and Levorphanol 2mg. The requested medications including Naltrexone 4.5mg #60 Levorphanol 2mg #180 Norco 10/325mg #120 Elavil 50mg #30 and Butrans 20mg #4 were denied by utilization review on 07/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naltrexone 4.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Revia (Naltrexone). (2013). In Physicians' desk reference 67th ed.

Decision rationale: The request for Naltrexone 4.5mg #60 is not medically necessary. Per the most recent clinical records there was no specific rationale for the use of this medication. The 07/17/14 report indicated that Naltrexone was retracted as a request. As there was no specific rationale for this this request is not medically necessary.

Levorphanol 2mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The request for Levorphanol 2mg #180 is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. There are no indications noted in the record for this very strong narcotic medication. There is no indication that the injured worker has failed 1st line narcotic medications for pain or ER formulations. As such, the request for Levorphanol 2mg #180 is not medically necessary.

Norco 10/325mg #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, Criteria for Use Page(s): 88-89.

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The

benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, the request for Norco 10/325mg #120 is not medically necessary.

Elavil 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The request for Elavil 50mg #30 is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. There are no specific indications from the record that this medication was providing any significant pain relief or functional improvement. Due to the lack of documented efficacy of this medication, the request for Elavil 50mg #30 is not medically necessary.

Butrans 20mg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Agency Medical Guidelines from Washington State 2007

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The request for Butrans 20mg #4 is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. This medication is recommended in injured workers whom have exhausted other narcotic medications for chronic pain or are recommended for detoxification. This medication is not indicated for use with other strong narcotics that have been prescribed to this injured worker. As such, the request for Butrans 20mg #4 is not medically necessary.