

Case Number:	CM14-0144579		
Date Assigned:	09/12/2014	Date of Injury:	10/04/2002
Decision Date:	01/29/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/05/2014

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 40-year-old male with a 10/4/02 date of injury. At the time (8/26/14) of request for authorization for Naltrexone 2.5mg #60, there is documentation of subjective (upper back pain) and objective (anxious, depressed with suicidal tendencies, tenderness over the neck, upper back and trapezius muscles) findings, current diagnoses (chronic back pain and herniated cervical nucleus pulposus), and treatment to date (medications including ongoing treatment with Norco, Naltrexone, and Zohydro). There is no documentation of opioid dependence and Naltrexone use as second-line option.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naltrexone 2.5mg #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 (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Naltrexone (Vivitrol(r) extended-release injectable suspension); and Drugs.com, Naltrexone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Naltrexone.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of opioid dependence and Naltrexone (Vivitrol) as second-line option, as criteria necessary to support the medical necessity of Naltrexone (Vivitrol). Within the medical information available for review, there is documentation of diagnoses of chronic back pain and herniated cervical nucleus pulposus. However, there is no documentation of opioid dependence and Naltrexone used as second-line option. Therefore, based on guidelines and a review of the evidence, the request for Naltrexone 2.5mg #60 is not medically necessary.