

Case Number:	CM15-0136056		
Date Assigned:	08/21/2015	Date of Injury:	09/23/2009
Decision Date:	09/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old male who sustained an industrial injury on 09-23-2009. Current diagnoses include cervical radiculopathy, status post cervical fusion, cervical myelopathy, lumbar radiculopathy, headaches, and status post anterior and posterior cervical fusion. Previous treatments included medications, physical therapy, epidural injections, surgical interventions, TENS unit, and home exercise program. Previous diagnostic studies included urine toxicology screenings. Initial injuries occurred due to a motor vehicle accident with complaints of neck and back pain. Report dated 05-27-2015 noted that the injured worker presented with complaints that included neck pain with radiation down the left upper extremity and associated with bilateral occipital and bilateral frontal headaches, and low back pain that radiates down the left lower extremity. Other complaints included difficulty with sleep, bowel dysfunction, constipation, decreased erection, fatigue, and decreased desire for sex. Pain level was 8 (with medications) and 10 (without medications) out of 10 on a visual analog scale (VAS). Pain level is unchanged from last visit and improved with medications. The physician documented that the injured worker's pain is reported as recently worsened. Cervical examination revealed tenderness, myofascial trigger points with twitch response, range of motion is severely limited due to pain, and decreased sensation. Lumbar examination revealed tenderness, decreased range of motion severely limited by pain, decreased sensation, and straight leg raise is positive bilaterally. The treatment plan included request for TENS unit replacement pads, continue with home exercise program, renewed medications which included gabapentin, ibuprofen, MS Contin, and Norco. Currently the injured worker is not working. Disputed treatments include Norco

10/325 mg #180, morphine sulfate ER 15 mg #60, and naloxone 0.4 mg/ml syringe evzio emergency kit #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Morphine Sulfate ER 15 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Morphine Sulfate ER, California Pain Medical Treatment Guidelines state that Morphine is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Morphine Sulfate ER is not medically necessary.

Naloxone 0.4 mg/ml syringe evzio emergency kit #1: 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), Pain Chapter.

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

Decision rationale: Regarding the request for Naloxone, California Pain Medical Treatment Guidelines do not address this medication. ODG states it is recommended for reversal of opioid depression. Guidelines state addiction experts are urging use to combat the overdose epidemic. Within the documentation available for review, there is no mention by the physician that they think this patient is at risk for overdose and that they have concern for this patient abusing their current medication. As such, the currently requested Naloxone is not medically necessary.