

Case Number:	CM15-0206915		
Date Assigned:	10/23/2015	Date of Injury:	10/22/2010
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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: Florida

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 61 year old female who sustained an industrial injury on 10-6-03. A review of the medical records indicates she is undergoing treatment for chronic pain, cervical radiculopathy, status post cervical spinal fusion, occipital neuralgia, iatrogenic opioid dependency, and dysphagia. Medical records (5-19-15, 6-9-15, 7-14-15, 8-11-15, and 9-8-15) indicate ongoing complaints of neck pain that radiates to bilateral upper extremities with numbness and muscle weakness. She also complains of low back pain that radiates to her bilateral lower extremities, ongoing headaches, insomnia, and constipation. She rates her pain "7-8 out of 10". She reports limitations in self-care and hygiene, activity, walking, hand function, and sleep. The physical exam (9-8-15) reveals spasm bilaterally in the cervical paraspinal muscles. Tenderness is noted in the cervical C4-7 spine. Tenderness to palpation is noted in the trapezius muscles bilaterally and bilateral paravertebral area at C4-7. Occipital tenderness is noted on palpation on the right side. Range of motion of the cervical spine is noted to be "moderate to severely limited due to pain". Pain was "significantly" increased with flexion, extension, and rotation. Spasm is noted in the bilateral paraspinal musculature of the lumbar spine. Tenderness to palpation is noted in the right paravertebral area at L3-5 levels. Pain is noted to be "significantly" increased with flexion and extension. The motor exam reveals decreased strength of the extensor muscles along the L4-S1 dermatome in bilateral lower extremities. Treatment has included a home exercise program and medications. Her medications include Clonidine, Clorazepate, Fioricet, Gabapentin, Lidoderm patches, Percocet, Senokot-S, Tizanidine, and Vitamin D. She has been receiving Clorazepate since, at least, 3-25-15. The utilization review (9-22-15) includes a request for authorization of Clorazepate 7.5mg #60 with no refills. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Naltrexon / Lactose P / Empty Cap Day Supply #30 Qty: 30 Refills: 02: 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).

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

Decision rationale: MTUS guidelines do not directly address recommendations for the use of Naltrexone. Therefore, the ODG was referenced, and it states that Naltrexone is recommended as a second line option for opioid dependence detoxification treatment, versus Methadone or Buprenorphine. Regarding this patient's case, there is no documentation that this patient has been tried on and failed Methadone or Buprenorphine. Likewise, this request is not medically necessary.