

Case Number:	CM15-0213668		
Date Assigned:	11/03/2015	Date of Injury:	11/25/2011
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 industrial injury on 11-25-2011. The medical records indicate that the injured worker is undergoing treatment for pain, allodynia, and chronic regional pain syndrome of the left lower extremity. The progress report dated 9-2- 2015 is hand written and difficult to decipher. The injured worker presented with complaints of pain in the left leg from buttocks to bottom of foot. The level of pain is not rated. The physical examination of the left leg reveals pain with palpation and diminished sensation to light touch. Previous diagnostic studies were not indicated. Treatments to date include medication management, walking boot, and home exercises. Work status is described as off work. The original utilization review (10-16-2015) had non-certified a request for Naltrexone 1.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lower dose Naltrexone 1.5mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Helton SG, Lohoff FW., Pharmacogenetics of alcohol use disorders and comorbid psychiatric disorders Psychiatry Res. 2015 Sep 14 Jonas DE, Amick HR, Feltner C, Bobashev G, Thomas K, Wines R, Kim MM, Shanahan E, Gass CE,

Rowe CJ, Garbutt JC., Pharmacotherapy for adults with alcohol use disorders in outpatient settings: a systematic review and meta-analysis, JAMA. 2014 may 14; 311(18): 1889-900.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Naltrexone (Vivitrol extended-release injectable suspension).

Decision rationale: Per ODG Pain / Naltrexone (Vivitrol extended-release injectable suspension): naltrexone is "Recommended as a second-line option for opioid dependence detoxification treatment, versus methadone or buprenorphine first-line treatment." CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 26-27 recommends use of Buprenorphine as an option in the treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In this case there is lack of evidence in the records of 9/2/15 of opiate addiction to warrant the use of a Butrans patch. There is also no evidence of failure of a first-line treatment. Therefore the request is not medically necessary.