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| Case Number: | CM15-0055009 | | |
| Date Assigned: | 03/30/2015 | Date of Injury: | 05/03/2002 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/14/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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: New York
 Certification(s)/Specialty: Anesthesiology

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 62 year old female, who sustained an industrial injury on 5/03/2002. She reported a slip and fall, resulting in injury to her left wrist/hand, low back, and right knee. The injured worker was diagnosed as having lumbar disc degeneration, lumbar radiculopathy, lumbar facet arthropathy, and failed back surgery syndrome (lumbar laminectomy L4-5). Treatment to date has included physical therapy, spinal surgery in 4/2004, medications, lumbar epidural steroid injections, right knee surgery in 10/2003, spinal cord stimulator, home exercise program, and diagnostics. Computerized tomography of the lumbar spine, dated 1/15/2015, was submitted. Urine drug screens, dated 9/11/2014 and 2/13/2015, were inconsistent with prescribed medications. Currently, the injured worker complains of neck pain, with radiation down bilateral upper extremities, and low back pain with spasms. Pain was rated 3/10 with medication use and 8/10 without. Insomnia, associated with ongoing pain, was stable with medications. Physical exam of the lumbar spine noted spasm in the bilateral paraspinals, tenderness to palpation in L4-S1 levels, and moderately decreased range of motion, with facet signs present bilaterally. Motor exam noted decreased lower extremity strength. Tenderness with palpation was noted in the right knee. Opiate tolerance due to long term opiate use was noted. The treatment plan included lumbar median branch nerve block at levels 2-4, urine drug testing, and renewal of current medications, including Doxepin, Flexaril, Gabapentin, Lyrica, Tramadol ER, Norco, and a prescription for Naloxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction, Substance abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, Norco was not found to be medically necessary. Therefore, the requested urine drug screenings are not medically necessary.

Cyclobenzaprine 5mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Norco 10/325mg #120: 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 chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin

with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added. According to ODG and MTUS, Norco 10/325 (Hydrocodone/Tylenol), is a short-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Naloxone 0.4/0.4ml syringe 2 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, 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) Opioid antagonist.

Decision rationale: Naloxone (Narcan) is an opioid antagonist. It is most often used to reverse the effects of agonists and agonist-antagonist derived opioids, and is used to reverse the effects of opioids in an overdose. It will usually reverse the depression of the central nervous system, respiratory system, and hypotension. Naloxone may be combined with opioids that are taken by mouth to decrease the risk of their misuse. In this case, with non-approval of opioid use, the medical necessity of Naloxone is not established. The requested medication is not medically necessary.