

Case Number:	CM15-0056944		
Date Assigned:	04/01/2015	Date of Injury:	08/12/2010
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/25/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34 year old man sustained an industrial injury on 8/12/2010. The mechanism of injury is not detailed. Evaluations include MRI of the right ankle dated 12/29/2010, MRI of the right shoulder dated 12/29/2010, MRI of the right knee dated 12/29/2010, MRI of the right foot dated 12/29/2010, MRI of the right elbow dated 12/29/2010, MRI of the lumbar spine without contrast dated 9/6/2013, and MRI of the cervical spine without contrast dated 9/16/2013. Diagnoses include chronic pain, lumbar facet arthropathy, lumbar radiculitis, right elbow pain, right shoulder pain, insomnia, myofascial pain syndrome, status post four elbow surgeries, and status post right foot/ankle fracture. Treatment has included oral medications, home exercise program, and surgical interventions. Physician notes dated 2/3/2015 show complaints of neck, low back, and bilateral upper extremity pain rated 7-9/10 with associated insomnia. Recommendations include continue home exercise program, myofascial release therapy, renew current medications including Ambien, Neurontin, Norco, Tizanidine, begin Naloxone as an emergency kit and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines that anticonvulsant medications can be utilized for the treatment of neuropathic pain, radiculopathy and chronic pain syndrome associated with psychosomatic symptoms. The records indicate that the use of Neurontin did provide significant pain relief and functional restoration. There was no reported adverse effect or interaction with other medications. The criteria for the use of Neurontin 300mg #90 was met. The request is medically necessary.

Naloxone HCL 0.4/0.4ml Evzlo prefilled syringe x 2 with emergency kit: 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence, opioid induced hyperalgesia and adverse interaction with other sedative medications. The guidelines recommend that the opioid induced adverse effects are best prevented or treated by opioid dose reduction or discontinuation of opioids and other sedative medications to minimize drug interactions. The records show that the patient is utilizing Naloxone for the treatment of opioid induced adverse effects. The patient is utilizing high dose opioids and other sedative medications concurrently. The criteria for the use of Naloxone HCL 0.4/0.4ml Evzlo prefilled syringe X2 was not met. The request is not medically necessary.