

Case Number:	CM15-0058082		
Date Assigned:	04/02/2015	Date of Injury:	01/02/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old male, who sustained an industrial injury on 12/23/13. He reported neck pain that radiated to bilateral shoulders and bilateral hand and wrist pain with paresthesia. The injured worker was diagnosed as having chronic pain, cervical disc degeneration, cervical radiculopathy, cervical spinal stenosis, and bilateral shoulder pain. Treatment to date has included acupuncture without benefit, physical therapy for the cervical spine and bilateral shoulders with benefit, a home exercise program and medications. A MRI of the cervical spine performed on 2/25/14 revealed a C2-3 extradural defect, C3-4 disc space narrowing, C3-5 lobulated disc protrusions, moderate spinal stenosis with mass effect and flattening of the spinal cord at C3-4, C6-7 disc protrusion, and C7-T1 extradural defect. Currently, the injured worker complains of neck pain that radiates to bilateral upper extremities, bilateral shoulders, and hands associated with numbness in the hands. The treating physician requested authorization for Norco 10/325mg #90 and Naloxone 0.4mg/0.4mg evzio 1mg prefilled syringe #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured about two years ago. There was pain and chronic paresthesia. The request was for continued Norco usage. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: Several criteria in MTUS are not met. First, there is no objective improvement on the Norco. This is a criterion to stop the medicine. Specifically, it notes: (a) If there is no overall improvement in function, unless there are extenuating circumstances. (b) Continuing pain with the evidence of intolerable adverse effects. (c) Decrease in functioning. (d) Resolution of pain. (e) If serious non-adherence is occurring. (f) The patient requests discontinuing. In regards to the long term use of opiates, the MTUS also poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is non-certified per MTUS guideline review. There is little in regards to functional, objective improvement with the medicine. As this level of detail is not in the provider's notes, I am not able to verify that the continued use of narcotic medicine is clinically appropriate. Therefore, this request is not medically necessary.

Naloxone 0.4mg/0.4mg evzio 1ml prefilled syringe times two: 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: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 28 of 127.

Decision rationale: The MTUS notes: When injected IV, naloxone is intended to cause withdrawal effects in individuals who are opiate-dependent, and to prevent the 'high-effect' related to opioids such as euphoria. In addition, the Physician Desk Reference only notes that Naloxone is used for opiate addiction. In this case, I did not find documentation of opiate addiction, dependence, withdrawal or weaning plans. It is not clear why an opiate antagonist like Naloxone be used in any other capacity than opiate overdose withdrawal or opiate detoxification. As it is not apparent that either of these scenarios is supported, the request is was appropriately not medically necessary.