

<b>Case Number:</b>	CM15-0058599		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old male sustained an industrial injury to the back and neck on 11/30/07. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, transcutaneous electrical nerve stimulator unit, back brace, inversion table, home exercise and medications. In a pain medicine reevaluation dated 2/3/15, the injured worker complained of pain to the low back, bilateral lower extremities, abdomen and testicles. The injured worker also reported frequent gastroesophageal reflux disease related gastrointestinal upset. Physical exam was remarkable for lumbar spine with tenderness to palpation and spasms to bilateral paraspinal musculature, painful and restricted range of motion, decreased sensation in a stocking glove distribution to the left foot and ankle and decreased strength to bilateral lower extremities. Current diagnoses included chronic pain, cervical spine radiculitis, lumbar spine radiculopathy, depression, insomnia, status post bariatric surgery, status post use of inversion table, lumbar spine herniated nucleus pulposus and rule out acute radiculitis. The treatment plan included continuing home exercise and medications (Flexeril, MS Contin, Neurontin, Norco, Naloxone HCL, Protonix and Tizanidine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 1 Urine drug screen is not medically necessary and appropriate.

**MS Contin CR 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The MS Contin CR 30mg #60 is not medically necessary and appropriate.

**Naloxone HCL 0.4mg/0.04ml Evzio 1ml prefilled syringed x2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 26-27: Buprenorphine HCL.

**Decision rationale:** Per MTUS Chronic Pain, Buprenorphine HCL/ Naloxone HCL is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Review of available reports has no indication rationale or documented opioid addiction/dependency. Suboxone has one of the most high profile side effects of a scheduled III medication such as CNS & Respiratory depression, dependency, hepatitis/hepatic event with recommended abstinence from illicit use of ETOH and benzodiazepine. There is no mention the patient was intolerable to other medication like Neurontin or other opioids use. The risk of serious side effects (such as slow/shallow breathing, severe drowsiness/dizziness) may be increased if this medication is used with other products that may also affect breathing or cause drowsiness along with prescribed psychiatric medicines. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the medication nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic injury. The Naloxone HCL 0.4mg/0.04ml Evzio 1ml prefilled syringed x2 is not medically necessary and appropriate.