

Case Number:	CM15-0060692		
Date Assigned:	04/06/2015	Date of Injury:	11/17/2003
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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

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 40-year-old male, who sustained an industrial injury on 11/17/2003. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include chronic cervical spine pain with radiculopathy, lumbar fusion 2007 and hardware removal 2008, status post laminectomy, left shoulder internal derangement and left knee internal derangement. Treatments to date include medication therapy and aquatic therapy. Currently, they complained of neck pain and low back pain rated 4/10 VAS with medication and 10/10 without medication. On 2/25/15, the physical examination documented multiple cervical trigger points and limited range of motion. Lumbar spine demonstrated muscle spasm, tenderness and there was decreased sensitive noted along L5 dermatome. The plan of care included continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone HCL 0.4mg/0.4ml evzio 1ml profilled syringe x2 #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information, U.S. National Library of Medicine, 8600 Rockville Pike, Bethesda MD, 20894, Naloxone (Injection), Published: March 1, 2015.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on this issue. Alternative guidelines from the US National Library of Medicine were referenced. Naloxone injection is used to treat an opioid emergency such as an overdose or a possible overdose of a narcotic medicine. There is no documentation that the patient has any history of overdose or of use of narcotics. There is no documentation as to why Narcan was prescribed for this patient. Naloxone HCL 0.4mg/0.4ml evzio 1ml prefilled syringe x2 #1 is not medically necessary.

Lidoderm 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 112.

Decision rationale: The MTUS recommends lidoderm patches only for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidoderm 5% patch #30 is not medically necessary.

Lorazepam 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative / hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Lorazepam for at least as far back as 12 months. Lorazepam 2mg is not medically necessary.