

Case Number:	CM15-0081712		
Date Assigned:	05/04/2015	Date of Injury:	04/03/2012
Decision Date:	08/07/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/28/2015

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:

The injured worker is a 47 year old male with an industrial injury dated 04/03/2012. His diagnoses included cervical radiculitis, depressive disorder, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion (lumbar spine), anxiety, anxiety, and insomnia, erectile dysfunction due to pain and medication use and chronic pain. Prior treatment included left sacroiliac injection, TENS unit and medications. He presented on 03/18/2015 with complaints of pain down right upper extremity, low back pain and migraine headaches. The pain is rated as 9- 10/10 without medications and 5-6/10 with medications. Physical exam revealed the injured worker with antalgic and slow gait using a walker in order to ambulate. There was spinal vertebral tenderness of the cervical spine with moderately limited range of motion due to pain. There was tenderness of the lumbar spine at lumbar 4-sacral 1 level with moderately limited range of motion due to pain. The right elbow was tender. Range of motion of the bilateral shoulders was decreased due to pain. Diagnostic studies included MRI of the cervical spine on 10/23/2014, CT of lumbar spine on 10/23/2014 and electro diagnostic studies on 10/21/2014. The reports are available in the note dated 03/18/2015. The provider is requesting Norco, Naloxone and one emergency kit. The IW was also utilizing Trazodone and Melatonin. The provider documents the injured worker is demonstrating an improvement in level of function, complying with the pain management agreement and is not experiencing any side effects. The provider also documents the injured worker is a long-term user of opioids and there are no signs of medication abuse or diversion. "Pain contract" is on file. The progress note also documents the injured worker is monitored by periodic urinary drug testing and CURES reporting.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Naloxone HCL (hydrochloride) 0.4 mg/0.4 ml (Evzio) Prefilled Syringes, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Naloxone (Narcan).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 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 the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, daytime somnolence, addiction, overdose and adverse interaction with other sedatives. It is recommended that the first step for the prevention and management of opioid complications is dose reduction and utilizing of non-opioid, non sedating pain medications. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with anticonvulsants and antidepressant medications with mood stabilizing and analgesic properties. The records did not show that the patient failed treatment with NSAIDs, anticonvulsants or antidepressant analgesic medications. There is documentation of significant adverse effects including erectile dysfunction associated with the utilization of opioids. The patient is also utilizing multiple sedative medications concurrently. The criteria for the continual use of high dose opioids and the utilization of 2 Naloxone HCL 0.4mg/0.4ml Evzio prefilled syringes was not met. The request is not medically necessary.

Dispense 1 Emergency Kit, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. 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 the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, daytime somnolence, addiction, overdose and adverse interaction with other sedatives. It is recommended that the first step for the prevention and management of opioid complications is dose reduction and utilizing of non-opioid, non sedating pain medications. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with anticonvulsants and antidepressant medications with

mood stabilizing and analgesic properties. The records did not show that the patient failed treatment with NSAIDs, anticonvulsants or antidepressant analgesic medications. There is documentation of significant adverse effects including erectile dysfunction associated with the utilization of opioids. The patient is also utilizing multiple sedative medications concurrently. The criteria for the use of 1 Emergency kit for Nalaxone / opioid adverse effect treatments was not met. The request is not medically necessary.

Norco 10/325 mg Qty 120, 1 tab by mouth every 6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 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 the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, daytime somnolence, addiction, overdose and adverse interaction with other sedatives. It is recommended that the first step for the prevention and management of opioid complications is dose reduction and utilizing of non-opioid, non sedating pain medications. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with anticonvulsants and antidepressant medications with mood stabilizing and analgesic properties. The records did not show that the patient failed treatment with NSAIDs, anticonvulsants or antidepressant analgesic medications. There is documentation of significant adverse effects including erectile dysfunction associated with the utilization of opioids. The patient is also utilizing multiple sedative medications concurrently. The criteria for the continual use of Norco 10/325mg #120 was not met. The request is not medically necessary.