

Case Number:	CM15-0082387		
Date Assigned:	05/04/2015	Date of Injury:	04/12/2005
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male, who sustained an industrial injury on 04/12/2005. According to a progress report dated 03/11/2015, subjective complaints included neck pain, low back pain that radiated down the left lower extremity and was accompanied with numbness constantly in the bilateral lower extremities and tingling frequently in the bilateral lower extremities to the level of the foot, ongoing headaches and insomnia associated with ongoing pain. Treatment to date has included medications, MRI, caudal epidural steroid infusion, back surgery and home exercise program. Diagnoses included lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy, status post fusion, lumbar spine, erectile dysfunction, insomnia, medication related dyspepsia, status post removal of hardware and chronic nausea. Current medication regimen included Topiramate, Maxalt, Norco, Flexeril, Neurontin, Norco and Naloxone HCL. Treatment plan included Flexeril, Neurontin, Norco, Topiramate, Maxalt and Naloxone HCL. Currently under review is the request for Norco and Naloxone HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #120 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement or significant pain improvement therefore the request for continued Norco is not medically necessary.

Naloxone HCL 1mg/ml 2 ml prefilled syringe #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Naloxone (Narcan).

Decision rationale: Naloxone HCL 1mg/ml 2 ml prefilled syringe #1 is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that Naloxone is recommended in hospital-based and emergency department settings as currently indicated to address opioid overdose cases. There is little evidence-based research to guide who should receive naloxone in an outpatient medically prescribed setting. Guidance is partially dependent on risk factors for overdose. The documentation does not indicate any evidence that the patient is undergoing opioid overdose or at risk for further overdose. The request for Naloxone is not medically necessary.