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| Case Number: | CM15-0088427 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 03/01/2012 |
| Decision Date: | 06/12/2015 | UR Denial Date: | 04/20/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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: Emergency 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:

This 40-year-old female sustained an industrial injury to the neck and back on 3/1/12. Magnetic resonance imaging cervical spine and lumbar spine (1/2/13) showed disc bulge with degenerative changes. Previous treatment included magnetic resonance imaging, injections, acupuncture and medications. In a pain medicine reevaluation dated 3/27/15, the injured worker complained of constant sharp, throbbing neck pain with radiation down the right upper extremity associated with tingling and numbness as well as bilateral shoulder pain. The injured worker rated her pain 8/10 on the visual analog scale with medications and 10/10 without. The injured worker's pain was unchanged from previous exam. The injured worker underwent stellate ganglion block on 1/16/15. The injured worker reported greater than 80% improvement in pain with decreased in pain medication requirements, improved mobility and improved sleep for two days. Current medications included Morphine sulfate IR, Duloxetine, Ambien, Neurontin, Norco and Xanax. Current diagnoses included chronic pain, right elbow pain, right hand pain, right hip pain, and right shoulder pain, right wrist pain and confirmed complex regional pain syndrome right upper extremity. The treatment plan included psychiatric clearance for a cervical spine spinal cord stimulator trial and renewing Cymbalta and Morphine Sulfate IR and discontinuing Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate IR 15mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Morphine sulfate IR 15mg #90 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has undergone stellate ganglion block on 1/16/15. The injured worker reported greater than 80% improvement in pain with decreased in pain medication requirements, improved mobility and improved sleep for two days. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Morphine sulfate IR 15mg #90 with 1 refill is not medically necessary.

Naloxone 0.4mg/0.4ml syringe: 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), Pain Chapter, Naloxone.

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

Decision rationale: The requested Naloxone 0.4mg/0.4ml syringe is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain, Chronic, Naloxone (Narcan) is "Recommended in hospital-based and emergency department settings as currently indicated to address opioid overdose cases. Recommended on a case-by-case basis for outpatient, pre-hospital use, to treat opioid overdose for patients who are prescribed opioids for acute and chronic pain (malignant and non-malignant) due to documented pathology. (See Criteria Below) 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. When used in these pre-hospital settings, the patient will still require emergency and perhaps long term care". The injured worker has undergone stellate ganglion block on 1/16/15. The injured worker reported greater than 80% improvement in pain with decreased in pain medication requirements, improved mobility and improved sleep for two days. The treating physician has not documented any of the above criteria for use of this narcotic antagonist. The criteria noted above not having been met, Naloxone 0.4mg/0.4ml syringe is not medically necessary.