MAXIMUS Federal Services

Case Number:	CM15-0037057		
Date Assigned:	03/05/2015	Date of Injury:	08/04/2011
Decision Date:	06/18/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 54 year old male, who sustained an industrial injury on August 4, 2011. The mechanism of injury is unknown. The diagnoses have included cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy and chronic pain other. Treatment to date has included injection, medications and therapy. On January 26, 2015, the injured worker complained of neck pain radiating down the bilateral upper extremities. The pain is accompanied by tingling frequently in the bilateral upper extremities to the level of the hands and muscle weakness. The pain is aggravated by activity, flexion/extension, and repetitive head motions and walking. He also complained of low back pain that radiated down the bilateral lower extremities. This pain is accompanied by muscle weakness frequently in the bilateral lower extremities. The pain is aggravated by activity and walking. There is also frequent muscle spasms in the low back bilaterally. The pain is rated as a 5 on a 1-10 pain scale with medications and as a 9/10 without medications. On February 11, 2015, Utilization Review non-certified Cyclobenzaprine 10mg #60 and Naloxone HCL 0.5mg/ml per-filled syringes, noting the CA MTUS and Official Disability Guidelines. Utilization Review modified a request for Ultram ER 200mg #30 to #15, noting the CA MTUS Guidelines. Utilization Review modified a request for Norco 10/325mg #150 to #120, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of Ultram ER 200mg #30, Norco 10/325mg #150, Cyclobenzaprine 10mg #60 and Naloxone HCL 0.5mg/ml per-filled syringes.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Ultram ER 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management Page(s): 78.

Decision rationale: The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management Page(s): 78.

Decision rationale: The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

(1) Prescription of Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does not reference any muscle spasm that the Flexeril would be used for and at this time frame it is not indicated. This request is not medically necessary and appropriate.

(1) Prescription of Naloxone HCL 0.4mg/ml per-filled syringes: Upheld

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

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.

Decision rationale: Per ODG guidelines, naloxone is recommended in hospital-based and emergency department settings as currently indicated to address opioid overdose cases. Naloxone is also 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. 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. Criteria for prescriptions for naloxone for patients receiving opioids for pain in clinical settings for potential pre-hospital rescue: (1) There should be documentation of a complete history that includes questions about prior drug and alcohol use (including previous overdose), recent detoxification or abstinence from drugs (for any reason), results of a screening tool for potential prescription drug abuse (such as the SOAPP-R), a complete list of chronic medical illnesses, and a complete medication list. (2) There should be evidence that education has been provided to the patient, with encouragement that family members and/or friends participate in this. Suggested education should include information about how to administer naloxone with practice with a training device if available. Other suggested components of training should include education on opioid overdose prevention, recognition of overdose and response to the event in addition to naloxone administration. Information on how to seek help from emergency medical systems should be made available and include an emphasis on staying with the patient until help arrives. (3) There should be evidence that the patient has been counseled about drug use including risk of self-escalation of doses, and self-monitoring of function. Patients should be advised to keep meds secure and to not share them. (4) There should be evidence that the patient has been given information about the risk of overdose, including risk factors for such (see the list above). (5) It is recommended that before prescribing, clinicians become knowledgeable about their states laws in terms of third-party prescribing, prescription via standing order, and 'Good Samaritan' laws. This is, in part, as family members, friends, or other members of the community may be involved in the use of the drug for rescue. For additional information, the following can be accessed. There is no documentation of the above criteria in the case file. The request is not medically necessary.