MAXIMUS Federal Services

Case Number:	CM15-0042326		
Date Assigned:	03/12/2015	Date of Injury:	12/16/2010
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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, West Virginia, Pennsylvania
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 50-year-old female sustained a work related injury on 12/16/2010. According to the most recent report submitted for review and dated 10/20/2014, the injured worker complained of neck pain that radiated down the bilateral upper extremities, low back pain that radiated down the bilateral lower extremities, pain in the bilateral elbows, and pain bilaterally in the hips, feet, and insomnia associated with ongoing pain, associated with anxiety. Pain was rated 8 on a scale of 1-10 on average with medications since last visit and a 10 without medications. The injured worker's pain was worsened since her last visit. She also reported frequent gastroesophageal reflux disease, medication associated, and severe gastrointestinal upset and frequent nausea. The injured worker reported limitations in activities of daily living in self-care and hygiene, activity, ambulation, hand function, sleep and sex. Treatments have included Cervical Epidural Steroid injection bilateral C6-7 on 06/27/2014. The injured worker reported the use of a TENS unit and opioid medication was helpful. Diagnoses included cervical radiculitis, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, gastroesophageal reflux disorder, medication related dyspepsia, chronic pain other, cubital tunnel syndrome, and status post left shoulder surgery, hiatal hernia and esophageal spasm. Treatment recommendations included home exercise program, weight loss program, follow-up repeat Cervical Epidural Steroid Injection as needed, Colace, Lyrica, MS Contin, Lidocaine Gel, Trazodone and discontinue Doxepin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ms Contin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: According to guidelines, ongoing management with opioids require documentation of pain relief, functional gain, side effects, and signs of aberrant drug use. In this case, there is no documentation of efficacy, pain contract, side effects, or assessment of aberrant drug use. Thus the request for MS Contin 60 mg #90 is not medically appropriate and necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to guidelines, ongoing management with opioids requires documentation of pain relief, functional gain, side effects, and signs of aberrant drug use. In this case, there is no documentation of efficacy, pain contract, side effects, or assessment of aberrant drug use. Thus, the request for Norco10/325mg #90 is not medically appropriate and necessary.

Lunesta 2mg #30: 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.

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

Decision rationale: Guidelines do not recommend long-term use of Lunesta and short term use should be limited unless Lunesta is efficacious. In this case, documentation is lacking regarding efficacy of Lunesta in this patient with prior use. Thus, the request for Lunesta 2 mg #30 is not medically necessary and appropriate.

Naloxone 0.4mg/0.4ml syringe Evzio emergency kit #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 (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid use Page(s): 74-96.

Decision rationale: Guidelines recommend naloxone for treatment of narcotic overdose. In this case, there is no indication that the patient is at risk for narcotic overdose as there is no risk assessments for aberrant medication use in the records. Thus, the request for naloxone 0.4 mg/0.4 ml syringe is not medically appropriate and necessary.