MAXIMUS Federal Services

Case Number:	CM15-0061191		
Date Assigned:	04/07/2015	Date of Injury:	09/17/2003
Decision Date:	05/12/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/31/2015

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 Jersey, Michigan, California
Certification(s)/Specialty: Neurology, 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 37 year old male, who sustained an industrial injury on 09/17/2003. Diagnoses included lumbar disc degeneration, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar microdiscectomy, chronic pain other, anxiety status unspecified, obesity morbid and status post surgical weight loss procedure. Treatment to date has included MRI, therapy, TENS unit and medications. Currently, the injured worker complains of low back pain that radiates down the bilateral lower extremities to the bilateral feet. Pain is accompanied with numbness in the bilateral lower extremities to the level of the feet with muscle weakness. Medications tried and failed in the past included Carisoprodol (too expensive) and Norco (not authorized). The provider noted that there had been an interval worsening/change of condition over a 3-month period. The injured worker had developed opiate tolerance due to long-term opiate use. According to the provider, prescriptions were provided to the injured worker to reflect a slow weaning of opioids. Treatment plan included caudal epidural steroid injection, Tramadol, Flexeril, Morphine Sulfate ER, Hydrocodone-acetaminophen and Naloxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least 2012 without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Hydrocodone 10/325 mg #110 is not medically necessary.

Nalozone 0.4/0.4 ml 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Naltrexone (Vivitrol extended-release injectable suspension). http://www.odg-twc.com/index.html.

Decision rationale: According to ODG guidelines, Nalozone recommended as a second-line option for opioid dependence detoxification treatment, versus methadone or buprenorphine first-line treatment. On Oct. 12, 2010, the FDA approved Vivitrol to treat and prevent relapse after patients with opioid dependence have undergone detoxification treatment. Vivitrol is an extended-release formulation of naltrexone administered by intramuscular injection once a month. Naltrexone works to block opioid receptors in the brain. It blocks the effects of drugs like morphine, heroin, alcohol, and other opioids. (FDA, 2010) A study in The Lancet concluded that extended-release (ER) naltrexone (Vivitrol), a receptor antagonist, is a safe and effective option for treating opioid dependence disorder (ODD). Those who received once-monthly injections of ER naltrexone had significantly more opioid-free weeks during a 6-month period and fewer cravings than those who received placebo. Methadone and buprenorphine are opioid agonists that have previously been shown to be effective for managing ODD. Naltrexone, on the other

hand, is an opioid receptor antagonist. It has a differentiated mechanism of action that blocks opioid receptors in the brain, producing no euphoria or sedation and generating no physical opioid dependence. Vivitrol offers an antagonist or non-addictive, non-opioid option. The once-a-month administration helps to ensure patient compliance and that therapeutic concentrations of the medication are maintained. (Krupitsky, 2010) Continued use of once-monthly extended-release naltrexone intramuscular injection (Vivitrol) is a safe and effective method of preventing relapse to opioid dependency after detoxification. It significantly increased the number of abstinence weeks (90% vs. 35% for placebo) and the likelihood of total abstinence (36% vs. 23%). (Krupitsky, 2011) See also Embeda (morphine sulfate & naltrexone hydrochloride).There is no evidence that the patient failed opioid weaning requiring emergency Nalozone kit. Therefore, the request is not medically necessary.