

<b>Case Number:</b>	CM15-0066141		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	10/30/2002
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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:

The injured worker is a 65 year old female, who sustained an industrial injury on 10/30/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having failed lumbar back surgery syndrome, post lumbar laminectomy syndrome, status post fusion of the lumbar spine, lumbar spinal stenosis, gastritis, medication related dyspepsia, other chronic pain, myofascial pain syndrome, and status post failed spinal column stimulator trial. Treatment to date has included medication regimen, multiple magnetic resonance imaging studies of the lumbar spine, Toradol injection with B12, home exercise program, and above listed procedures. In a progress note dated 02/16/2015 the treating physician reports complaints of constant, aching, dull neck pain that radiates to the upper extremities and hands and constant, sharp, stabbing, severe back pain that radiates to the bilateral lower extremities to the bilateral toes with associated symptoms of muscle weakness and numbness. The pain is rated a nine out of ten with medication and a ten out of ten without medication. The injured worker also has complaints of gastrointestinal upset and occasional nausea. The treating physician requested Norco 10/325mg tablet with a quantity of 120 with the treating physician noting that this medication is beneficial with its intended effect of the dose prescribed, Gabapentin 600mg tablet with a quantity of 90 with the treating physician noting a 30% relief from neuropathic pain with the use of this medication, Naloxone HCL 0.4mg/0.4ml EVZIO Prefilled Syringe times 2 with a quantity of one with the treating physician prescribing this medication to be used as directed for opioid overdose, and MS Contin 15mg tablet with a quantity of 60, but the documentation did not indicate the specific reason for this requested medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**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 Norco 10/325mg #120 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 constant, aching, dull neck pain that radiates to the upper extremities and hands and constant, sharp, stabbing, severe back pain that radiates to the bilateral lower extremities to the bilateral toes with associated symptoms of muscle weakness and numbness. The pain is rated a nine out of ten with medication and a ten out of ten without medication. The injured worker also has complaints of gastrointestinal upset and occasional nausea. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, 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, Norco 10/325mg #120 is not medically necessary.

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18.

**Decision rationale:** The requested Gabapentin 600mg #90 , is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are Recommended for neuropathic pain due to nerve damage, and Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker has constant, aching, dull neck pain that radiates to the upper extremities and hands and constant, sharp, stabbing, severe back pain that radiates to the bilateral lower extremities to the bilateral toes with associated symptoms of muscle weakness and numbness. The pain is rated a nine out of ten with medication and a ten out of ten without medication. The injured worker also has complaints of gastrointestinal upset and occasional nausea. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 600mg #90 is not medically necessary.

**MS Contin 15mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 MS Contin 15mg #60, 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 constant, aching, dull neck pain that radiates to the upper extremities and hands and constant, sharp, stabbing, severe back pain that radiates to the bilateral lower extremities to the bilateral toes with associated symptoms of muscle weakness and numbness. The pain is rated a nine out of ten with medication and a ten out of ten without medication. The injured worker also has complaints of gastrointestinal upset and occasional nausea. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, 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, MS Contin 15mg #60 is not medically necessary.

**Naloxone HCL 0.4mg/0.4ml Prefilled Syringe EVZIO emergency #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The requested Naloxone HCL 0.4mg/0.4ml Prefilled Syringe EVZIO emergency #1, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain, Naloxone (Narcan) note: "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." The injured worker has constant, aching, dull neck pain that radiates to the upper extremities and hands and constant, sharp, stabbing, severe back pain that radiates to the bilateral lower extremities to the bilateral toes with associated symptoms of muscle weakness and numbness. The pain is rated a nine out of ten with medication and a ten out of ten without medication. The injured worker also has complaints of gastrointestinal upset and occasional nausea. The treating physician has not documented issues of narcotic overdose. The criteria noted above not having been met, Naloxone HCL 0.4mg/0.4ml Prefilled Syringe EVZIO emergency #1 is not medically necessary.