MAXIMUS Federal Services

Case Number:	CM15-0076102		
Date Assigned:	04/27/2015	Date of Injury:	12/23/1998
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 39 year old male, who sustained an industrial injury on December 23, 1998. He has reported back pain, leg pain, and headache. Diagnoses have included lumbar spine degenerative disc disease, chronic pain, lumbar facet arthropathy, gastroesophageal reflux disease, insomnia, and medication related dyspepsia. Treatment to date has included medications, home exercise, acupuncture, lumbar medial branch block, and imaging studies. A progress note dated March 10, 2015 indicates a chief complaint of lower back pain radiating to the left leg with numbness, bilateral leg pain, left groin pain, headache, and gastroesophageal reflux disease. The treating physician documented a plan of care that included medications and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) with no intolerable side effects or aberrant use. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

Naloxone HCL 0.4mg/0.4ml evzio prefiled syringe x 2: 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Evzio (naloxone).

Decision rationale: Regarding the request for Evzio, CA MTUS does not specifically address the issue. ODG cites that it is not recommended except on a case-by-case basis after preauthorization, as naloxone is not generally recommended in ODG for outpatient, pre-hospital use by untrained lay users. Within the documentation available for review, there is no clear rationale for the use of this medication given that the patient was noted to be opiate tolerant and utilizing a relatively low daily dose of opiates with no documented history of overdose or any other risk factors for same. In light of the above issues, the currently requested Evzio is not medically necessary.