

Case Number:	CM15-0077279		
Date Assigned:	04/28/2015	Date of Injury:	12/18/2007
Decision Date:	07/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55-year-old female, who sustained an industrial injury on 12/18/07. The injured worker has complaints of neck pain that radiates down bilateral upper extremities. The diagnoses have included cervical radiculitis; chronic pain other; lumbar radiculopathy; trigeminal neuralgia right and complex regional pain syndrome, left lower extremity. Treatment to date has included injections; morphine, Oxycodone, Flexeril and Neurontin and magnetic resonance imaging (MRI) of the cervical spine and left foot. The request was for epi-pen 0.3mg #4; naloxone 0.4mg/0.4mg evzio 1 millimeter pre-filled syringe times 2 #1; flexeril 10mg #90, 3/19/15; hydrocodone 10/325mg #90, 3/19/15 and lidoderm 5% patch #30, 2/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

EpiPen 0.3mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 28. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/epipen-jr-epinephrine-342437>: epinephrine (Rx) - EpiPen, Twinject.

Decision rationale: The injured worker sustained a work related injury on 12/18/07. The medical records provided indicate the diagnosis of cervical radiculitis; chronic pain other; lumbar radiculopathy; trigeminal neuralgia right and complex regional pain syndrome, left lower extremity. Treatment to date has included injections; morphine, Oxycodone, Flexeril and Neurontin. The medical records provided for review do not indicate a medical necessity for EpiPen 0.3mg #4. The medical records indicate the injured worker has been on this prescription at least since 06/2014. The MTUS and the Official Disability Guidelines are silent on EpiPen, but Medscape recommends it for use in the treatment of Cardiac Arrest, Asthma, and Severe/Anaphylaxis. Although the medical records indicate the injured worker suffers from allergy there is no evidence from the records that the injured worker has been diagnosed of Asthma, Cardiac arrest or severe Asthma. Also, while it may be a good practice to have this handy if the injured workers allergy is severe, the MTUS states that allergy is not considered traditional occupational ailments; therefore such should be done under her personal insurance, if needed. The request is not medically necessary.

Naloxone 0.4mg/0.4ml Evzio 1ml prefilled syringe x 2 #1: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 12/18/07. The medical records provided indicate the diagnosis of cervical radiculitis; chronic pain other; lumbar radiculopathy; trigeminal neuralgia right and complex regional pain syndrome, left lower extremity. Treatment to date has included injections; morphine, Oxycodone, Flexeril and Neurontin. The medical records provided for review do not indicate a medical necessity for Naloxone 0.4mg/0.4ml Evzio 1ml prefilled syringe x 2 #1. Although the MTUS has a passing remark on Naloxone, it is silent on the Evzio formulation. The official Disability Guidelines does not recommend Naloxone for general use, but on a case-by-case basis. This Guidelines states that "Evzio is an FDA-approved naloxone drug-device combination indicated for the emergency treatment of opioid overdose. The device is designed to guide an untrained lay user through the process of use for overdose reversal. It is labeled for pre-hospital lay use. It does not require pre use training nor does it require assembly (as required for existing intramuscular or off-label intranasal use)." The medication is not medically necessary because the Opioids for which it was prescribed is not medically necessary.

Flexeril 10mg #90, 3/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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

Decision rationale: The injured worker sustained a work related injury on 12/18/07. The medical records provided indicate the diagnosis of cervical radiculitis; chronic pain other; lumbar radiculopathy; trigeminal neuralgia right and complex regional pain syndrome, left lower extremity. Treatment to date has included injections; morphine, Oxycodone, Flexeril and Neurontin. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg #90, 3/19/15. Flexeril (Cyclobenzaprine) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The recommended dosing of cyclobenzaprine is 5-10 mg three times a day for 2-3 weeks, but the records indicate the use of this medication predates 06/2014. The request is not medically necessary.

Hydrocodone 10/325mg #90, 3/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 12/18/07. The medical records provided indicate the diagnosis of cervical radiculitis; chronic pain other; lumbar radiculopathy; trigeminal neuralgia right and complex regional pain syndrome, left lower extremity. Treatment to date has included injections; morphine, Oxycodone, Flexeril and Neurontin. The medical records provided for review do not indicate a medical necessity for Hydrocodone 10/325mg #90, 3/19/15. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of opioids predates 06/2014, but with no overall improvement. There is no indication that the baseline pain and functional improvement is being compared with subsequent levels every six months as recommend by the MTUS if opioid is used for longer than six months. The request is not medically necessary.

Lidoderm 5% patch #30, 3/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 12/18/07. The medical records provided indicate the diagnosis of cervical radiculitis; chronic pain other; lumbar radiculopathy; trigeminal neuralgia right and complex regional pain syndrome, left lower extremity. Treatment to date has included injections; morphine, Oxycodone, Flexeril and Neurontin. The medical records provided for review do not indicate a medical necessity for Lidoderm 5% patch #30, 3/19/15. Lidoderm is a topical analgesic containing 5% Lidocaine. The records indicate the use of the medication predates 06/2014. The MTUS does not recommend the use of this medication except for treatment of post-herpetic neuralgia. The request is not medically necessary.