

<b>Case Number:</b>	CM15-0077485		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 34 year old female, who sustained an industrial injury on 5-16-12. The injured worker was diagnosed as having cervicobrachial syndrome, right shoulder adhesive capsulitis, chronic impingement tendonitis on the right, bilateral bicipital tenosynovitis, and chronic myofascial pain syndrome. Treatment to date has included medication such as Oxycodone, Quazepam, and Trazodone. On 3-26-15 the treating physician noted "she has moderate difficulty with activities of daily living such as self-care, grooming, and hygiene." Physical exam findings on 3-26-15 included palpable trigger points in the splenius capitis region, upper and lower trapezius region, and sternocleidomastoid area with twitch response. Adson's test was positive. Hawkins test was positive on the right. Apprehension test and Speed test were positive on the right. Finkelstein's test was positive bilaterally. On 3-26-15, the injured worker complained of bilateral shoulder pain with radiation to the forearms, wrists, and fingers rated as 9 of 10. The treating physician requested authorization for Embeda 20mg #30. On 4-14-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Embeda 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Embeda (morphine/naltrexone).

**Decision rationale:** Embeda contains naltrexone, a opioid antagonist and morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient was noted to be oxycodone which was denied due to documentation not meeting necessary criteria. Patient was switched to Embeda for unknown reasons. As per Official Disability Guidelines, Embeda may be considered in patients on opioid therapy at risk for abuse to the abuse resistant addition of naltrexone. There is no indication for patient being on Embeda. Provider had and still fails to documents objective benefits from opioid therapy. Provider has failed to document patient being at risk for abuse and requires tamper resistant medication. Embeda is not medically necessary.