

Case Number:	CM15-0207386		
Date Assigned:	10/26/2015	Date of Injury:	07/18/2012
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of July 18, 2012. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for injectable naloxone. A September 23, 2015 date of service was referenced in the determination. On said September 23, 2015 office visit, the applicant was described as having "retired" at age 42. The applicant was pending a lumbar epidural steroid injection. 10/10 pain complaints were reported. The applicant was given prescriptions for Butrans, tizanidine, Flexeril, Percocet, and injectable naloxone. It was not clearly stated for what purpose injectable naloxone was endorsed for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naloxone 0.4 self injectable QTY: 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, Pain (Chronic), Naloxone (Narcan).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Buprenorphine, Propoxyphene (Darvon).

Decision rationale: No, the request for injectable naloxone was not medically necessary, medically appropriate, or indicated here. While page 75 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that opioid antagonists such as naloxone are most often used to reverse the effects of opioid agonist and agonist-antagonist derived opioids, while page 27 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that IV naloxone is intended to cause a withdrawal effect in applicants who are opioid dependent and to prevent the high-effect related to opioids such as euphoria and while page 100 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that naloxone can be employed to combat issues with propoxyphene overdose, here, however, it was not clearly stated for what issue, diagnosis, and/or purpose injectable naloxone had been furnished. It was not clearly stated whether the attending provider intended for the applicant to employ injectable naloxone to prevent euphoria associated with opioid usage. There is no mention that the applicant was using naloxone as a means of transition, tapering, weaning off of other opioids. There is no seeming mention of the applicant having sustained an opioid overdose on or around September 23, 2015 which would require reversal with naloxone. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into its choice of recommendation so as to ensure proper use and so as to manage expectations. Here, however, no such discussion of why injectable naloxone was prescribed took place here. Therefore, the request is not medically necessary.